



# *Austin Travis County Integral Care*

## *Fiscal Year 2012 Budget*



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## Austin Travis County Integral Care Board of Trustees



Matthew Snapp  
Chair



Richard E. Hopkins  
Vice Chair



Robert T. Chapa, Jr.  
Secretary/Treasurer



Brenda  
Coleman-Beattie  
Trustee



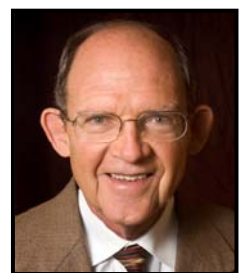
Exalton A. Delco  
Trustee



Hal Katz  
Trustee



Martha Martinez  
Trustee



Tom Young  
Trustee

Note: One (1) vacant Trustee position to be appointed by Travis County.



## **QUALITY MANAGEMENT PROGRAM PLAN**

Austin Travis County Integral Care (ATCIC) values and adheres to a philosophy of total quality management in and for all of its endeavors. The overall goals of the Quality Management Program are to ensure that ever-improving quality services and supports are consistently, efficiently and effectively provided to all of ATCIC's consumers and providers. The philosophy of ATCIC's Quality Management Program is that all services benefit from and are enhanced by ongoing, frequent, informed feedback from a representative and/or comprehensive array of constituents, stakeholders and consumers, the direct recipients of services.

During Fiscal Year 2012, the Quality Management Program continues to engage a set of innovative quality management and business practices, and integrates them into the healthcare environment. In addition, ATCIC employs various teams and projects that focus on improving processes and outcomes in all areas of ATCIC as identified, by using the Plan-Do-Study-Act (PDSA) Performance Improvement Cycle model.

In the coming year, ATCIC will focus quality efforts on implementation of the Joint Commission standards for achieving Joint Commission accreditation:

- ◆ Consumer Care, Treatment, and Services
- ◆ Environment of Care
- ◆ Emergency Management
- ◆ Human Resources
- ◆ Infection Prevention and Control
- ◆ Information Management
- ◆ Leadership
- ◆ Life Safety
- ◆ Medication Management
- ◆ National Patient Safety Goals
- ◆ Medical Records
- ◆ Individual Rights and Responsibilities

### **Specific Goals of the Quality Management Program**

1. To continuously improve the quality and effectiveness of care to consumers, and administrative operations which support providers by continuing to perform ongoing monitoring and evaluation activities using the Plan-Do-Study-Act (PDSA) Performance Improvement Cycle model as problematic Key Process Indicators (KPI) are identified.
2. To proactively continue monitoring and evaluating the quality and appropriateness of care to individuals provided by internal and external





- contracted service providers to predict, alleviate and prevent problem areas.
3. To pursue opportunities which improve and resolve identified problems regarding care to individuals and service operations.
  4. To continue assuring that all persons seeking services receive culturally-sensitive, appropriate, and timely care in a safe environment.
  5. To continue assuring systematic monitoring of ATCIC's treatment delivery system including referrals and the provider's delivery of services.
  6. To over-see consumer treatment by reviewing data and monitoring patterns of over and under utilization, inefficient scheduling or provision of services and any other identified problems that compromise care.
  7. To monitor the need for additional services and service locations by reviewing geomapping data, treatment records of frequently hospitalized consumers, and suggestions from stakeholders, community and consumers.
  8. To continue reducing professional liability, general liability and property risks.
  9. To continue facilitating and coordinating information systems for the provider network.
  10. To continue enhancing efficient resource utilization.
  11. To continue aggregating key data, trending results over time, and promptly taking corrective actions, as necessary.
  12. To continue facilitating identification of and existing provider training needs and design of means to meet those needs.
  13. To provide timely and meaningful network performance results to providers of care plus oversight bodies such as the Clinical Quality Committee, the Quality Leadership Team, the Planning and Network Advisory Committee, the Consumer Council and the Board of Trustees.



## STRATEGIC PLAN FY 2011-2013

### VISION

ATCIC envisions a caring and healthy community that supports individuals and families in achieving self-reliance and self-determination.

### MISSION

ATCIC's mission is to improve the lives of people affected by behavioral health and developmental and/or intellectual challenges.

### VALUES

❖ People      ❖ Integrity      ❖ Excellence      ❖ Leadership

### GOALS

#### **Goal 1: ACCESS**

People in the community have timely access to Behavioral Health and IDD services.

#### **Goal 2: HIGH-QUALITY SERVICES**

All consumers receive high-quality, effective services.

#### **Goal 3: LEADERSHIP**

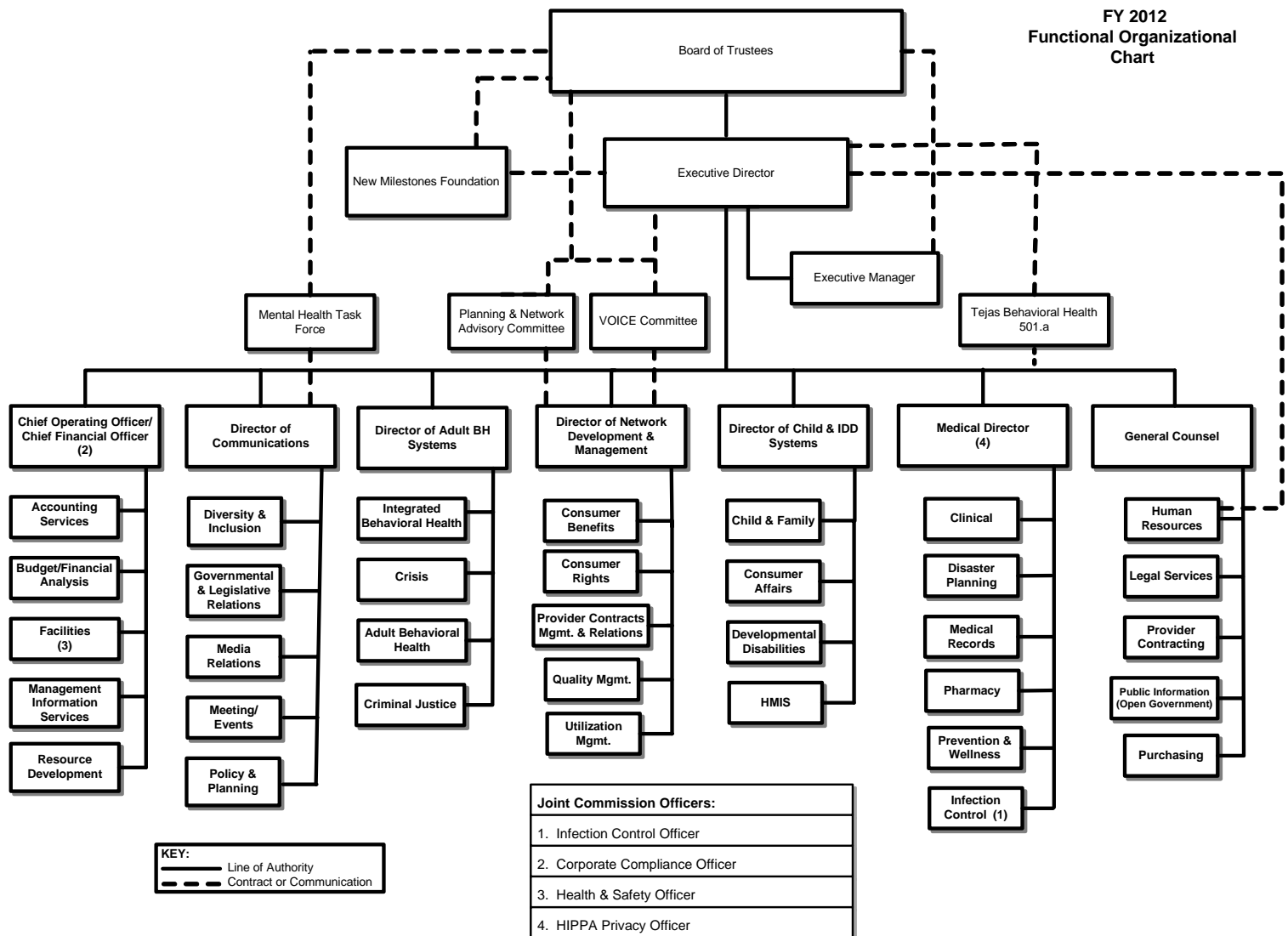
ATCIC leads, with community organizations and providers, to address Behavioral Health and IDD issues and advocates for effective solutions.

#### **Goal 4: PUBLIC AWARENESS**

ATCIC promotes community understanding and supports Behavioral Health and IDD issues.



FY 2012  
Functional Organizational  
Chart





## **FY 2012 BUDGET PLAN CENTER SUMMARY**

### **Overview**

Austin Travis County MHMR dba Austin Travis County Integral Care (ATCIC) is governed by a nine-member Board of Trustees. The Board members are appointed by the sponsoring agencies. The City of Austin (three trustees), Travis County (three trustees) and Central Health (three trustees).

The process to develop the fiscal year 2012 budget began with a Board approved calendar. The proposed budget is a year long process of Board direction and stakeholder feedback to arrive at an annual business plan and operating budget. The process included expanded outreach to broad segments of the community. Input was received from the public sector, advisory committees, consumer council, community forum, contract providers and staff. All groups received a schedule and guiding principles for the FY2012 budget process. These collaborative efforts provided guidance in preparing the annual business plan and the annual operating budget.

ATCIC has created alliances and partnerships with the private sector and government agencies. ATCIC has strengthened its leadership role in the community as an authority while continuing to improve access, choice, quality and reduce costs through increased efficiencies.

We will continue the participatory process during the fiscal year to insure we meet the needs of the community and provide consumer-driven quality services.

### **BOARD OF TRUSTEES BUDGET GUIDANCE PRINCIPLES FOR PREPARATION**

1. Ensure stakeholder participation (consumers, families, employees, advisory committees, and providers) in the budget process.
2. Budget operationalizes Strategic Plan.



3. Budget for consumer-driven services reflecting quality, access, best practices, and best value (including family, significant others, and trained volunteers in treatment of consumers).
4. Commitment to maintenance of high quality, effective core services and critical infrastructure from which we can grow into our desired future.
5. Maintain organizational alignment with funding and finance requirements.
6. Maximize resource development and community collaborations to meet current and emerging community needs.
7. Budget compensation package for all employees within available resources.
8. Fund Balance expenditures are intended for bridge or one time costs.
9. All the above principles may be affected by Legislative and other financial impacts.
10. Flexibility and agility in budgeting process will be necessary in our current environment.

## **STAKEHOLDER INPUT**

- Planning & Network Advisory Committee/VOICE/Consumer Council (March 10, 2011)
- Employee Forums (April 19, 2011, April 20, 2011, April 26, 2011, and April 27, 2011)
- Community Forum (May 24, 2011)

## **MAJOR IMPACT BUDGET ASSUMPTIONS**

- The 82<sup>nd</sup> Legislature completed its work on appropriations with level funding to Behavioral Health, Child and Family Services, and Crisis Services. ATCIC will experience reductions in Intellectual and Developmental Disabilities, Early Childhood Intervention, and Substance Use Services.
- County Funding will remain level with FY 2011; City Funding will remain level with FY 2011 through March, 2012.



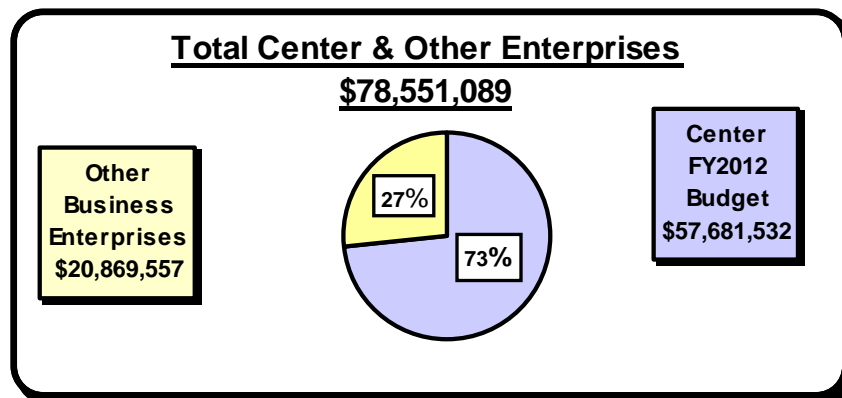
- St. David's Foundation provided funding to address a portion of the Consumer Waiting Lists.
- State Hospital Beds will be managed to allotted levels.
- The Pharmacy paid prescription budget will be managed using every potential funding source.
- Fee for service revenues will be earned as projected.
- Continue reduction in interest income.
- Continue to address infrastructure upgrades and replacements.
- Cost to narrow the gap between Center Salary Class Compensation and State's (currently Center at 2006 level) without identified funding source to accomplish such narrowing.
- Staff will continue the implementation of Local Planning and Network Development which will enlarge Center's external Provider Network.



## FY 2012 BUDGET EXECUTIVE SUMMARY

**Budget:** The proposed fiscal year 2012 budget is \$57,681,532. This is an increase of \$494,450, .86% from fiscal year 2011 amended budget.

The Center continues to provide authority, administrative and fiscal support services to other business enterprises. These other business enterprise operations are valued at \$20,869,557 (see next page for listing) for a total \$78,551,089.



**Clients:** There are 22,500 total projected unduplicated clients to be served in fiscal year 2012.

**FTE's:** There are 585.93 budgeted full time equivalent (FTE) positions for fiscal year 2012 compared to the current fiscal year 2011 amended budgeted positions of 604.18, a reduction of (18.25) FTE positions, a decrease of (3.02%).

**Fund Balance:** Included in the 2012 budget are the projected expenses of \$104,316 associated with the designated fund balance reserves for the Middelburg donation.



**OTHER BUSINESS ENTERPRISES MANAGED BY THE CENTER**

In addition to the FY2012 proposed budget of \$57,681,532 the Center provides authority, administrative and fiscal services for other business enterprises. The cost and revenue associated with these activities are not included in the Center's budget.

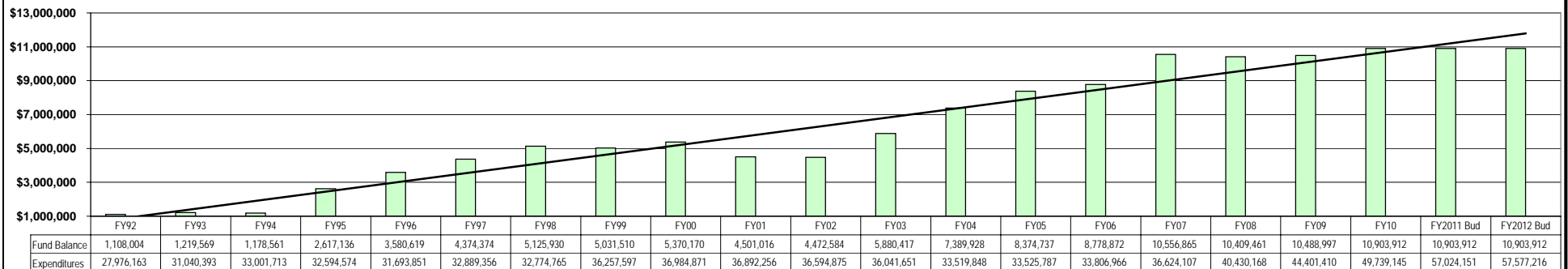
<b>The additional business enterprises include:</b>	<b>Annual Amount or Value:</b>
<b>NMF Housing I - VII, Inc.</b>	<b>\$692,160</b>
<b>New Milestones Foundation, Inc. (NMF)</b>	<b>\$448,009</b>
<b>Community Action Network (CAN)</b>	<b>\$330,504</b>
<b>Indigent Care Collaboration (ICC)</b>	<b>\$572,572</b>
<b>State Hospital Allocation Methodology (SHAM)</b>	<b>\$10,892,702</b>
<b>Patient Assistance Program (PAP)</b>	<b>\$5,535,524</b>
<b>Client Trust Accounts</b>	<b>\$160,657</b>
<b>Housing Authority of the City of Austin</b>	<b>\$534,924</b>
<b>Housing Authority of Travis County</b>	<b>\$673,536</b>
<b>Tejas – Seton CHIP</b>	<b>\$861,047</b>
<b>Austin Recovery – St. David's Foundation</b>	<b>\$167,922</b>
<b>Total</b>	<b>\$20,869,557</b>



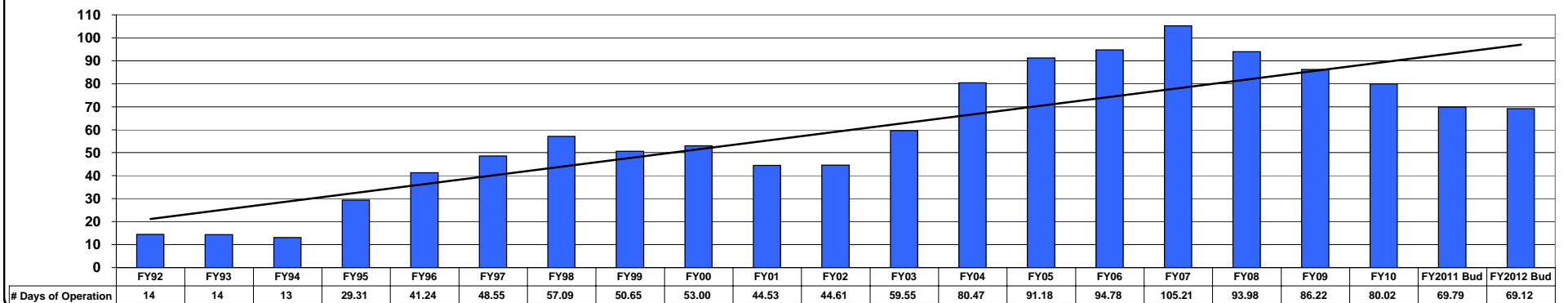
**AUSTIN TRAVIS COUNTY INTEGRAL CARE**  
**BUDGETED FUND BALANCE** *(Excludes Restricted Fund Balance of Midelburg Trust)*

Fund Balance Required to Meet 90 Days of Operations for FY2012 Budget	\$ 14,197,122
Fund Balance at End of FY2010	\$ 10,903,912
Fund Balance <u>Budget</u> in FY2011	\$0
Fund Balance <u>Budget</u> at End of FY2011	\$10,903,912
Number of Days of Operation in Projected Fund Balance at Beginning of FY2012	69.12
Fund Balance Increase Required to Meet 90 Days of Operations for FY2012 Budget	\$ 3,293,209

Fiscal Year Fund Balance



Number of Days of Operation of General Fund Balance

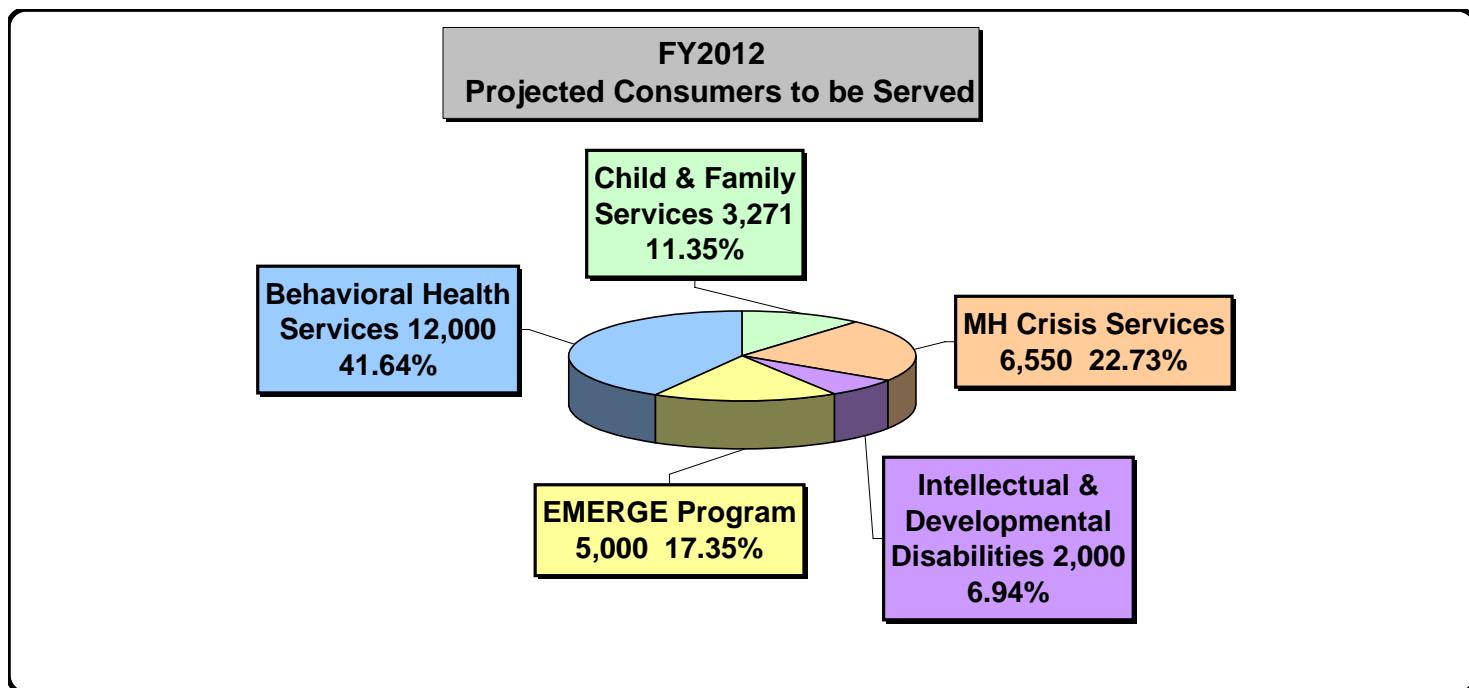




## AUSTIN TRAVIS COUNTY INTEGRAL CARE FY2012 PROJECTED CONSUMERS

Division	FY2012 Projection		FY2012 Change from FY2011 Revised Projection		FY2011 Projection		
	Consumers	% of Total	Incr / (Decr)	Incr / -Decr	Original	Revised	Change
Behavioral Health Services	12,000	41.64%	0	0.00%	10,622	12,000	1,378
Child & Family Services	3,271	11.35%	(34)	-1.17%	2,916	3,305	389
MH Crisis Services	6,550	22.73%	200	2.80%	7,150	6,350	(800)
Intellectual & Developmental Disabilities	2,000	6.94%	0	0.00%	2,877	2,000	(877)
EMERGE Program	5,000	17.35%	1,000	20.00%	5,000	4,000	(1,000)
<b>Total</b>	<b>28,821</b>	<b>100%</b>	<b>1,166</b>	<b>4.08%</b>	<b>28,565</b>	<b>27,655</b>	<b>(910)</b>

**Notes:** - The total FY2012 projection of 28,821 is a total of each division's unduplicated consumers. This total projection includes some duplication of consumers among divisions. The estimated total unduplicated clients to be served is 22,500 for fiscal year 2012 (excluding the EMERGE Program).





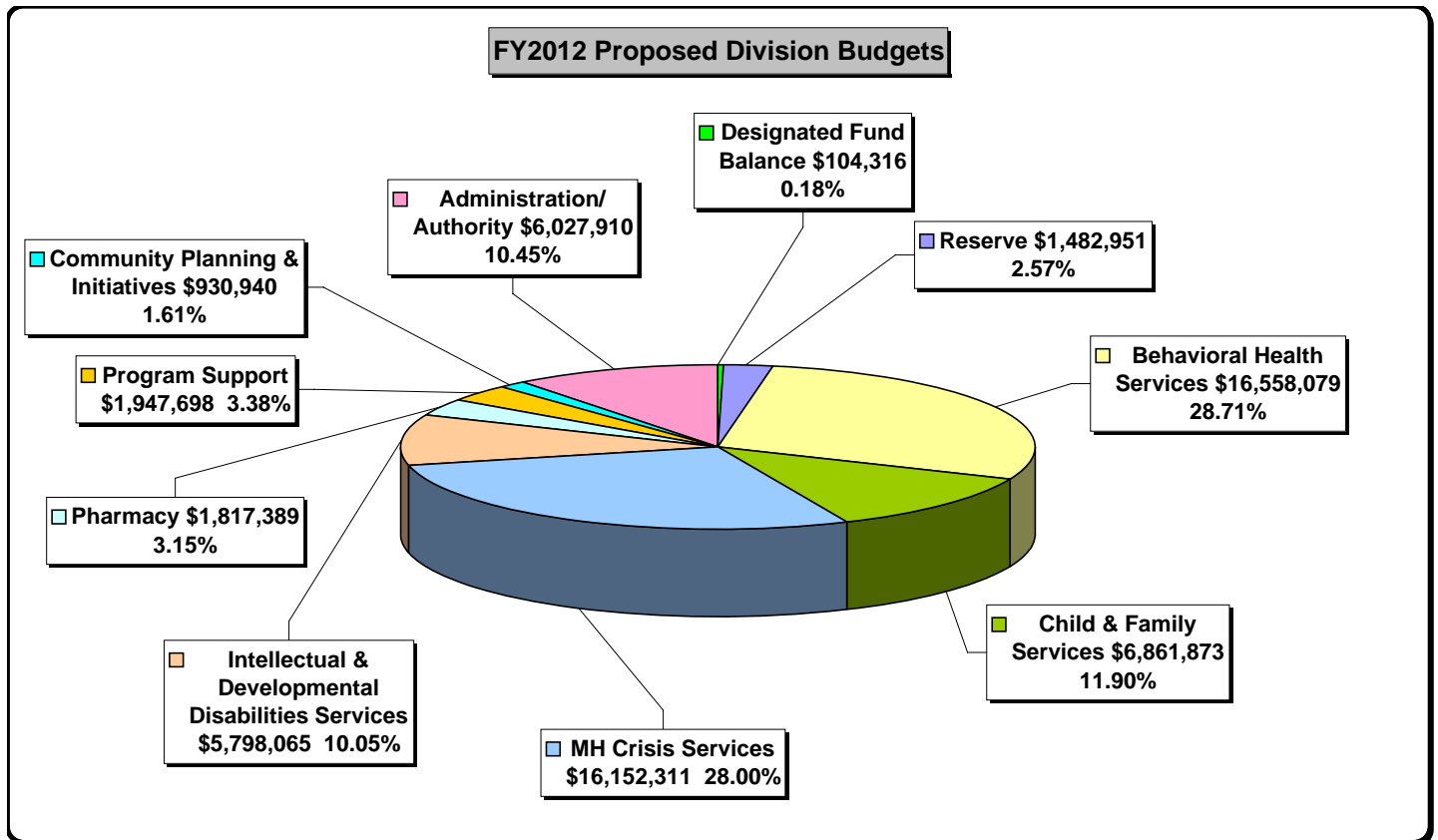
**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FISCAL YEAR 2012 PROPOSED BUDGET  
CENTER TOTAL**

	FY 2012 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2011 CURRENT	PERCENT BUDGET CHANGE	FY 2011 ORIGINAL BUDGET	FY 2011 CURRENT BUDGET	FY 2011 YTD BUDGET CHANGE
<b>REVENUES</b>							
<b>Local Funds:</b>							
City of Austin	\$ 3,290,951	5.71%	\$ -	0.00%	\$ 3,250,737	\$ 3,290,951	\$ 40,214
Travis County	\$ 4,494,930	7.79%	\$ (4,069)	-0.09%	\$ 3,827,520	\$ 4,498,999	\$ 671,479
Travis County Healthcare District	\$ 9,414,247	16.32%	\$ 1,830,617	24.14%	\$ 1,444,949	\$ 7,583,630	\$ 6,138,681
Client Fees, Rents, & Insurance	\$ 331,626	0.57%	\$ (92,853)	-21.87%	\$ 418,969	\$ 424,479	\$ 5,510
Rental Income	\$ 460,048	0.80%	\$ 4,170	0.91%	\$ 455,878	\$ 455,878	\$ -
Other Local	\$ 1,163,024	2.02%	\$ (122,032)	-9.50%	\$ 1,095,002	\$ 1,285,056	\$ 190,054
<b>Total Local Funds</b>	<b>\$ 19,154,826</b>	<b>33.21%</b>	<b>\$ 1,615,833</b>	<b>9.21%</b>	<b>\$ 10,493,055</b>	<b>\$ 17,538,993</b>	<b>\$ 7,045,938</b>
<b>State Funds:</b>							
DSHS Mental Health	\$ 18,228,578	31.60%	\$ (217,687)	-1.18%	\$ 18,493,530	\$ 18,446,265	\$ (47,265)
DSHS Substance Abuse	\$ 2,739,742	4.75%	\$ 42,925	1.59%	\$ 2,554,320	\$ 2,696,817	\$ 142,497
DADS	\$ 3,018,397	5.23%	\$ (1,255,909)	-29.38%	\$ 4,264,799	\$ 4,274,306	\$ 9,507
TCOOMMI	\$ 1,313,434	2.28%	\$ 18,435	1.42%	\$ 1,369,975	\$ 1,294,999	\$ (74,976)
DARS (Early Childhood Intervention)	\$ 1,097,050	1.90%	\$ (345,382)	-23.94%	\$ 1,675,709	\$ 1,442,432	\$ (233,277)
Other State	\$ 71,518	0.12%	\$ (7,970)	-10.03%	\$ 40,000	\$ 79,488	\$ 39,488
<b>Total State Funds</b>	<b>\$ 26,468,719</b>	<b>45.89%</b>	<b>\$ (1,765,588)</b>	<b>-6.25%</b>	<b>\$ 28,398,333</b>	<b>\$ 28,234,307</b>	<b>\$ (164,026)</b>
<b>Federal Funds:</b>							
Medicare/Medicaid/STAR/CHIP	\$ 8,803,040	15.26%	\$ 305,210	3.59%	\$ 8,267,770	\$ 8,497,830	\$ 230,060
HCS / Tx Hm Lvg Waiver	\$ 1,411,997	2.45%	\$ (82,025)	-5.49%	\$ 1,502,610	\$ 1,494,022	\$ (8,588)
Other Federal	\$ 1,842,950	3.20%	\$ 421,020	29.61%	\$ 927,699	\$ 1,421,930	\$ 494,231
<b>Total Federal Funds</b>	<b>\$ 12,057,987</b>	<b>20.90%</b>	<b>\$ 644,205</b>	<b>5.64%</b>	<b>\$ 10,698,079</b>	<b>\$ 11,413,782</b>	<b>\$ 715,703</b>
<b>TOTAL REVENUES</b>	<b>\$ 57,681,532</b>	<b>100.00%</b>	<b>\$ 494,450</b>	<b>0.86%</b>	<b>\$ 49,589,467</b>	<b>\$ 57,187,082</b>	<b>\$ 7,597,615</b>
<b>EXPENDITURES</b>							
Salaries	\$ 25,619,067	44.41%	\$ 340,305	1.35%	\$ 24,517,997	\$ 25,278,762	\$ 760,765
Fringe Benefits	\$ 6,508,144	11.28%	\$ (1,199,608)	-15.56%	\$ 7,565,492	\$ 7,707,752	\$ 142,260
Travel \ Workshop	\$ 778,366	1.35%	\$ 83,231	11.97%	\$ 682,931	\$ 695,135	\$ 12,204
Prescription Drugs and Medication	\$ 1,589,418	2.76%	\$ (62,593)	-3.79%	\$ 1,634,718	\$ 1,652,011	\$ 17,293
Consumable Supplies	\$ 378,164	0.66%	\$ 72,257	23.62%	\$ 280,641	\$ 305,907	\$ 25,266
Contracted Services	\$ 17,619,642	30.55%	\$ 1,702,724	10.70%	\$ 9,596,023	\$ 15,916,918	\$ 6,320,895
Capital Outlay	\$ 245,818	0.43%	\$ (166,580)	-40.39%	\$ 342,903	\$ 412,398	\$ 69,495
Furniture & Equipment	\$ 505,117	0.88%	\$ (122,120)	-19.47%	\$ 504,347	\$ 627,237	\$ 122,890
Facility \ Telephone \ Utility	\$ 2,835,801	4.92%	\$ 64,344	2.32%	\$ 2,732,509	\$ 2,771,457	\$ 38,948
Insurance Costs	\$ 144,420	0.25%	\$ 3,494	2.48%	\$ 140,772	\$ 140,926	\$ 154
Vehicle Costs	\$ 103,962	0.18%	\$ (2,553)	-2.40%	\$ 106,515	\$ 106,515	\$ -
Professional Fees	\$ 118,791	0.21%	\$ (37,475)	-23.98%	\$ 150,541	\$ 156,266	\$ 5,725
Other Operating Costs	\$ 740,763	1.28%	\$ (13,954)	-1.85%	\$ 674,814	\$ 754,717	\$ 79,903
Client Support Costs	\$ 494,059	0.86%	\$ (167,022)	-25.26%	\$ 659,264	\$ 661,081	\$ 1,817
<b>TOTAL EXPENDITURES</b>	<b>\$ 57,681,532</b>	<b>100.00%</b>	<b>\$ 494,450</b>	<b>0.86%</b>	<b>\$ 49,589,467</b>	<b>\$ 57,187,082</b>	<b>\$ 7,597,615</b>
<b>TOTAL FTE'S</b>	<b>585.93</b>		<b>(18.25)</b>	<b>-3.02%</b>	<b>577.57</b>	<b>604.18</b>	<b>26.61</b>



# **AUSTIN TRAVIS COUNTY INTEGRAL CARE FY2012 PROPOSED DIVISION BUDGET SUMMARY**

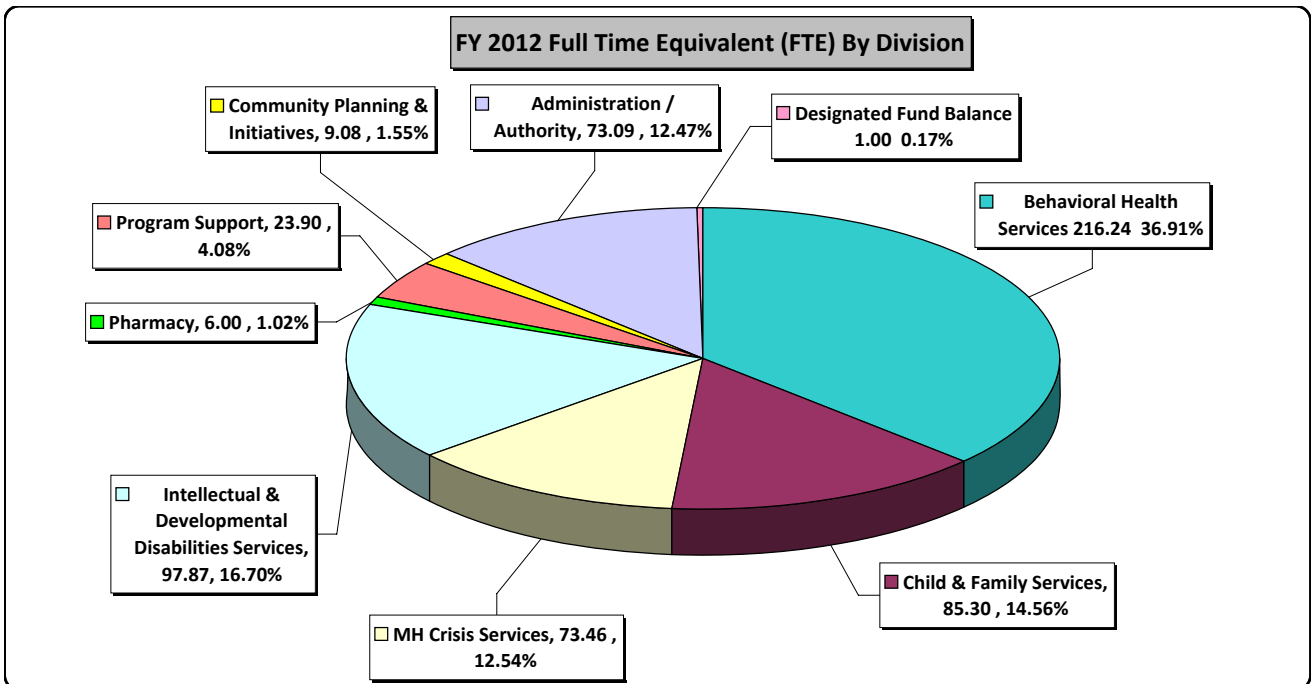
Division	FY2012 Proposed Budget		Change 2011 Current Budget		FY2011 Budget		
	Total	%	Incr/(Decr)	Incr/-Decr	Original	Current	Change
Behavioral Health Services	\$16,558,079	28.71%	\$372,993	2.30%	\$15,453,978	\$16,185,086	\$731,108
Child & Family Services	\$6,861,873	11.90%	(\$757,921)	-9.95%	\$7,509,384	\$7,619,794	\$110,410
MH Crisis Services	\$16,152,311	28.00%	\$1,479,611	10.08%	\$8,227,065	\$14,672,700	\$6,445,635
Intellectual & Developmental Disabilities Services	\$5,798,065	10.05%	(\$1,260,630)	-17.86%	\$7,084,192	\$7,058,695	(\$25,497)
Pharmacy	\$1,817,389	3.15%	(\$100,259)	-5.23%	\$1,914,767	\$1,917,648	\$2,881
Program Support	\$1,947,698	3.38%	\$93,551	5.05%	\$1,752,071	\$1,854,147	\$102,076
Community Planning & Initiatives	\$930,940	1.61%	\$255,357	37.80%	\$546,951	\$675,583	\$128,632
Administration/ Authority	\$6,027,910	10.45%	(\$65,155)	-1.07%	\$6,140,912	\$6,093,065	(\$47,847)
Designated Fund Balance	\$104,316	0.18%	(\$83,919)	-44.58%	\$188,235	\$188,235	\$0
Reserve	\$1,482,951	2.57%	\$560,822	60.82%	\$771,912	\$922,129	\$150,217
<b>Total</b>	<b>\$57,681,532</b>	<b>100.00%</b>	<b>\$494,450</b>	<b>0.86%</b>	<b>\$49,589,467</b>	<b>\$57,187,082</b>	<b>\$7,597,615</b>





# **AUSTIN TRAVIS COUNTY INTEGRAL CARE FY2012 PROPOSED FULL TIME EQUIVALENT (FTE) POSITION BUDGET**

Division	FY2012 Proposed Budget		Change 2011 Current		FY2011 Budget		
	FTE	%	Incr / (Decr)	Incr / -Decr	Original	Current	Change
Behavioral Health Services	216.24	36.91%	7.92	3.80%	199.86	208.32	8.45
Child & Family Services	85.30	14.56%	(3.31)	-3.74%	88.19	88.61	0.42
MH Crisis Services	73.46	12.54%	(9.12)	-11.04%	78.63	82.58	3.95
Intellectual & Developmental Disabilities Services	97.87	16.70%	(17.04)	-14.83%	103.81	114.91	11.10
Pharmacy	6.00	1.02%	0.00	0.00%	6.00	6.00	0.00
Program Support	23.90	4.08%	0.22	0.95%	21.67	23.67	2.00
Community Planning & Initiatives	9.08	1.55%	5.08	126.88%	3.25	4.00	0.75
Administration / Authority	73.09	12.47%	0.00	0.00%	73.16	73.09	-0.07
Designated Fund Balance	1.00	0.17%	(2.00)	0.00%	3.00	3.00	0.00
Reserve	0.00	0.00%	0.00	100.00%	0.00	0.00	0.00
<b>Total</b>	<b>585.93</b>	<b>100.00%</b>	<b>(18.25)</b>	<b>-3.02%</b>	<b>577.57</b>	<b>604.18</b>	<b>26.61</b>



**FY 2012 BUDGET PLAN**  
**CENTER FACILITIES**

Center operations are conducted at 44 sites in a diverse real estate portfolio spread throughout the Austin, Travis County area. All facilities are conveniently located with easy access to major traffic arteries. Housing facilities and Developmental Disabilities group homes are located with easy access to bus routes, grocery stores, and neighborhood parks.

<b><u>Owned Properties</u></b>	<b><u>Number of Sites</u></b>	<b><u>Square Footage</u></b>	<b><u>Replacement Cost</u></b>
Commercial*	12	120,306	\$14,214,278
DD group homes	4	8,094	\$ 712,739
Residential	<u>8</u>	<u>33,204</u>	<u>\$ 2,821,598</u>
<b>Subtotal</b>	<b>24</b>	<b>161,604</b>	<b>\$17,748,615</b>

Replacement cost was determined by Texas Council Risk Management Fund (TCRMF) upon individual inspection of each property. Replacement cost does not indicate market value.

\* Two of these facilities are combination office/residential.

**Leased Properties**

Commercial	8	51,118
Residential	2	8,684
Storage Units	2	<u>550</u>
<b>Subtotal</b>	<b>12</b>	<b>60,352</b>

<b>NMF Properties</b>	<b>8</b>	<b><u>55,948</u></b>	<b><u>\$ 7,597,750</u></b>
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\*NMF VI is two properties

<b>Grand Total</b>	<b><u>44</u></b>	<b><u>277,904</u></b>	<b><u>\$25,346,365</u></b>
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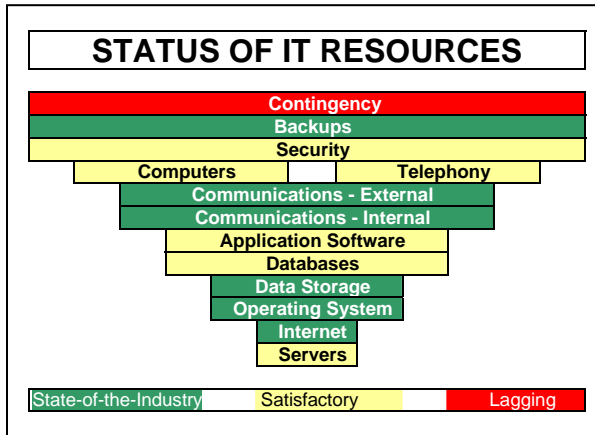




## **MIS RESOURCES**

### **SUMMARY AS OF JULY 2011**

**MIS RESOURCE STATUS.** The status of ATCIC Information Technology (IT) resources is shown below.



This diagram represents the elements of our information network. Critical elements start at the bottom and provide the building blocks for all other elements above. Blocks nearer the bottom must at least be satisfactory and should be state-of-the-industry whenever possible. For example: If our servers are inadequate, all elements above will not perform adequately regardless of the investment in those elements. Conversely if one or a small group of computers is below minimum, no elements below the computers are affected.

#### **MAJOR CHANGES - FY2011:**

##### **RESOURCE RATING UPGRADED TO STATE-OF-THE-INDUSTRY:**

- **Operating System.** In FY2010, after considerable discussion and technical review, MIS recommended and began a long-term project to replace our Novell operating system and eDirectory directory services with the Microsoft operating system and Active Directory (AD) directory services. Although Novell has functioned exceptionally well at ATCIC, more and more software products require an interface to Windows and AD. Our first major system that preferred Windows was our Cisco VoIP telephone system. Anasazi Software prefers Windows; our MIP Fund Accounting System requires Windows. A more recent installation, our Schlage SMS physical security system, requires Windows and AD.

By the end of 2010, there were very few software systems that required Novell and eDirectory services. In early 2011 those systems were

converted to Windows or replaced with a Windows AD-compatible system.

Full implementation of Windows and AD occurred over the weekend of May 7. With a lot of cooperation from all ATCIC staff, MIS converted almost all computers, all user accounts, security and file permissions, and the last Novell products that depended on the Novell operating system. After a few frantic days while everyone adjusted to new password and login procedures and making final adjustments and corrections, things settled down.

ATCIC is now positioned to move forward with newer technology and new application software. For example beginning immediately, new computers will be installed with the Windows 7 operating system, an option not available with Novell. Also the latest version of Symantec Anti-virus software will be installed on all new computers. Other significant improvements are anticipated during FY2012 as MIS staff and employees become more familiar with newer Windows-based products.

**RESOURCES DOWNGRADED:** None.

##### **OTHER SIGNIFICANT CHANGES:**

- **Telephony.** A second major phase of implementing a VoIP-based telephone system throughout ATCIC began in FY2010 with planning and funding. Actual implementation occurred in FY2011.

The server hardware, operating systems and application software were all upgraded. All phone and user setup parameters were standardized. In September MIS began installing new phones at 1430 Collier Street closely followed by phone installations at the Administrative Annex. All phones at the entire East 2nd campus were replaced during October.

In addition to the system upgrades and replacing almost 300 telephones in the selected locations, the project included other changes:

- Cisco VoIP became the primary phone system interfacing with the public network.
- The main switchboard at 1430 Collier was replaced with Cisco equipment.
- A fail-over Call Manager was implemented for the East 2nd Complex.



- A comprehensive 911 service plan was implemented for all VoIP locations.
- Caller ID functionality was made available for VoIP phones for incoming calls.
- New Computers. Beginning in September, MIS began installing new computers to support the anticipated demands of electronic health records and future “meaningful use” requirements. Upgrades were substantially completed in January for:
  - 148 desktop computers
  - 50 netbook computers
  - 1 notebook computer.
- GroupWise E-mail. Our current e-mail software, GroupWise from Novell Inc., was upgraded to Version 8 in FY2010. In FY2011 the most significant enhancement for our staff included a much-improved web mail interface. Version 8 is now installed on our Citrix Terminal Server farm and is being installed on all new computers. Version 8 runs on a Windows server which met the long-term goal of moving to the Windows operating environment.
- AT&T Web Services - Internet. In the past, ATCIC neither monitored nor managed access to sites on the Internet. A new affordable “cloud” service from AT&T was installed in January and offers improved network security and reports of staff usage, measures of specific and overall use, and restrictions to some sites due to virus, worm, security, gambling, pornography, and other undesirable elements. MIS staff have developed special reporting that works with the AT&T data for better management review of Internet usage.
- Security - Administrative Annex, Nadine L. Jay, 15th Street. Physical security for the existing Administrative Annex and Nadine L. Jay facilities was upgraded to include electronic access managed centrally through the Schlage Security Management System (SMS). The security installation was based on the installation at 1430 Collier Street with similar processes and setup options.

The same security system was installed for our new facility at 15th Street. All equipment and software has been installed and will be operational in FY2011.

- Alameda, Safe Haven and the SHAC Telecomm Upgrades. These facilities were upgraded to faster and more dependable Opteman circuits from AT&T. Both data and voice transmissions share a common, high-speed telecommunications circuit. The increased

speed not only improved computer access but also made it possible to install Cisco VoIP telephones at all of these locations.

Other upgrades are already on order and are anticipated by the end of FY2011. These include an Opteman data circuit at our Oak Springs facility and a GigaMAN circuit for the North Service Center.

- New Facilities. New facilities were opened at 15th Street and Rundberg Lane. Both facilities include Opteman data circuits and VoIP telephones.
- Virus Protection. In order to provide virus protection for our Microsoft Windows 7 desktop and notebook computers, our Symantec Antivirus Corporate Edition software was upgraded to Symantec’s latest release. That release supports both our old Windows XP computers as well as the new Windows 7 computers. Although we have not always been pleased with Symantec’s protection, we do own full license rights and pay annual maintenance fees to keep the software current.

At some time in the future, our virus protection software will be reviewed. If we have implemented the Microsoft Enterprise Agreement (see below) by that time, Microsoft’s ForeFront will be strongly considered.

### PLANNED FOR THE FUTURE:

- VoIP Phase 3. In July final plans were completed to convert the remaining ATCIC facilities from our old NEC telephone system to the Cisco VoIP system. This includes all of the telephones for staff located at the North Lamar Professional Building, the Infant Parent facility, the CMH facility on Riverside, and the Oak Springs facility. All equipment will be purchased in FY2011 with implementation planned for early FY2012.
- AD Self-Service. A new software product for allowing staff to manage their own Active Directory passwords will be installed in late FY2011 or early FY2012. The software offers “self-service” in that staff can reset their own passwords through a series of prompted questions that are unique to each staff member. Successful responses to the questions allows an immediate reset without other intervention. Not only will this reduce the Help Desk call volume and any wait times associated with connecting to staff authorized to change passwords, it will allow Active Directory password self-service resets at any time of the day, any day of the week.



Another feature of AD Self-Service will allow staff to maintain parts of their Active Directory demographic information themselves. Primary information that can be self-served will be phone numbers and work location information.

- **Learning Curve.** Although the Windows conversion was as transparent as possible for most of our staff, almost all of the network management tools for MIS staff changed. The Novell tools are significantly different than the Windows tools. There will be a considerable knowledge upgrade as staff learn the intricacies of managing a Windows network.
- **MIP Fund Accounting Upgrade.** The vendor for our internal accounting system, MIP, has announced a significant upgrade to their software. Effective with the next major release, the software will require the latest version of the Microsoft SQL database. In conjunction with that database upgrade, the server and operating system for MIP will be upgraded with current hardware and software.
- **Microsoft Office Products.** Our outdated deployments of Microsoft Office products (Word, Excel, PowerPoint, Access) continue to cause problems for our staff and for MIS management and for insuring proper licensing. MIS will continue to explore solutions including Microsoft's Enterprise Agreement with Software Assurance.

The Enterprise Agreement with Software Assurance for desktop computers includes:

- ★ Office Professional (Access, Excel, Word, PowerPoint); current version and all versions into the future as long as annual Software Assurance fees are paid.
- ★ Windows Operating System (XP, Vista, Windows 7 and all future versions).
- ★ Bitlocker Disk Encryption.
- ★ MSPublisher, InfoPath, Electronic Forms, Communicator, Advanced Policies, and other Microsoft toolsets.
- ★ Client Access Licenses (CALs) for Windows servers, Exchange mail servers, Sharepoint, and System Center Configuration Manager (to remotely manage the desktop computers).
- ★ ForeFront Virus/SPAM control.
- ★ Windows Rights Management; Encryption; Policy Security.
- ★ SCOM (System Center Operation Manager).
- ★ OCS (Office Communications Server CAL).
- ★ Instant Messenger.

Non-software add-ons include these extra values:

- ★ The State of Texas Department of Information Resources Enterprise Agreement includes some limited support and training.
- ★ ATCIC staff members may purchase a full, current license of MSOffice Professional for the cost of the media and handling or download the software at a reduced rate. The license is valid as long as the individual is employed ATCIC. Licensing restrictions are between staff member and Microsoft (ATCIC does not have to control or monitor license compliance).

As of July 2011, the following versions of Microsoft Office were deployed:

Version	Approximate # of Staff
Office 2000	306
Office 2003	260
Office 2007	108*
*Includes 100 unmanaged Netbook computers.	

# Divisions Section



**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FISCAL YEAR 2012 PROPOSED BUDGET  
BEHAVIORAL HEALTH SERVICES  
(Includes AMH, SASS, HSG)**

	FY 2012 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2011 CURRENT	PERCENT BUDGET CHANGE	FY 2011 ORIGINAL BUDGET	FY 2011 CURRENT BUDGET	FY 2011 YTD BUDGET CHANGE
<b>REVENUES</b>							
<b>Local Funds:</b>							
City of Austin	\$ 1,443,623	8.72%	\$ 49,999	3.59%	\$ 1,361,945	\$ 1,393,624	\$ 31,679
Travis County	\$ 1,337,030	8.07%	\$ (66,389)	-4.73%	\$ 1,361,492	\$ 1,403,419	\$ 41,927
Travis County Healthcare District	\$ 1,353,571	8.17%	\$ -	0.00%	\$ 1,313,590	\$ 1,353,571	\$ 39,981
Client Fees, Rents, & Insurance	\$ 159,105	0.96%	\$ (73,376)	-31.56%	\$ 232,481	\$ 232,481	\$ -
Rental Income	\$ 395,518	2.39%	\$ 4,170	1.07%	\$ 391,348	\$ 391,348	\$ -
Other Local	\$ 319,163	1.93%	\$ 183,258	134.84%	\$ 61,382	\$ 135,905	\$ 74,523
<b>Total Local Funds</b>	<b>\$ 5,008,010</b>	<b>30.25%</b>	<b>\$ 97,662</b>	<b>1.99%</b>	<b>\$ 4,722,238</b>	<b>\$ 4,910,348</b>	<b>\$ 188,110</b>
<b>State Funds:</b>							
DSHS Mental Health	\$ 4,443,270	26.83%	\$ 5,713	0.13%	\$ 4,557,180	\$ 4,437,557	\$ (119,623)
DSHS Substance Abuse	\$ 2,427,830	14.66%	\$ 55,452	2.34%	\$ 2,234,263	\$ 2,372,378	\$ 138,115
DADS	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
TCOOMMI	\$ 745,981	4.51%	\$ (36,526)	-4.67%	\$ 795,605	\$ 782,507	\$ (13,098)
DARS (Early Childhood Intervention)	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other State	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total State Funds</b>	<b>\$ 7,617,081</b>	<b>46.00%</b>	<b>\$ 24,639</b>	<b>0.32%</b>	<b>\$ 7,587,048</b>	<b>\$ 7,592,442</b>	<b>\$ 5,394</b>
<b>Federal Funds:</b>							
Medicare/Medicaid/STAR/CHIP	\$ 2,602,202	15.72%	\$ 249,403	10.60%	\$ 2,299,232	\$ 2,352,799	\$ 53,567
HCS / Tx Hm Lvg Waiver	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Federal	\$ 1,330,786	8.04%	\$ 1,289	0.10%	\$ 845,460	\$ 1,329,497	\$ 484,037
<b>Total Federal Funds</b>	<b>\$ 3,932,988</b>	<b>23.75%</b>	<b>\$ 250,692</b>	<b>6.81%</b>	<b>\$ 3,144,692</b>	<b>\$ 3,682,296</b>	<b>\$ 537,604</b>
<b>TOTAL REVENUES</b>	<b>\$ 16,558,079</b>	<b>100.00%</b>	<b>\$ 372,993</b>	<b>2.30%</b>	<b>\$ 15,453,978</b>	<b>\$ 16,185,086</b>	<b>\$ 731,108</b>

<b>EXPENDITURES</b>							
Salaries	\$ 9,300,352	56.17%	\$ 728,848	8.50%	\$ 8,461,614	\$ 8,571,504	\$ 109,890
Fringe Benefits	\$ 2,406,426	14.53%	\$ (271,525)	-10.14%	\$ 2,653,306	\$ 2,677,951	\$ 24,645
Travel \ Workshop	\$ 279,038	1.69%	\$ 39,074	16.28%	\$ 231,720	\$ 239,964	\$ 8,244
Prescription Drugs and Medication	\$ 94,984	0.57%	\$ (2,003)	-2.07%	\$ 86,522	\$ 96,987	\$ 10,465
Consumable Supplies	\$ 138,352	0.84%	\$ 9,666	7.51%	\$ 105,442	\$ 128,686	\$ 23,244
Contracted Services	\$ 2,566,097	15.50%	\$ (173,684)	-6.34%	\$ 2,317,263	\$ 2,739,781	\$ 422,518
Capital Outlay	\$ 80,128	0.48%	\$ (82,099)	-50.61%	\$ 120,995	\$ 162,227	\$ 41,232
Furniture & Equipment	\$ 160,647	0.97%	\$ (63,935)	-28.47%	\$ 162,353	\$ 224,582	\$ 62,229
Facility \ Telephone \ Utility	\$ 1,203,906	7.27%	\$ 140,286	13.19%	\$ 1,062,420	\$ 1,063,620	\$ 1,200
Insurance Costs	\$ 38,112	0.23%	\$ 6,168	19.31%	\$ 31,944	\$ 31,944	\$ -
Vehicle Costs	\$ 21,577	0.13%	\$ (3,094)	-12.54%	\$ 24,671	\$ 24,671	\$ -
Professional Fees	\$ 344	0.00%	\$ 66	23.74%	\$ 278	\$ 278	\$ -
Other Operating Costs	\$ 97,120	0.59%	\$ (16,644)	-14.63%	\$ 88,140	\$ 113,764	\$ 25,624
Client Support Costs	\$ 170,996	1.03%	\$ 61,869	56.69%	\$ 107,310	\$ 109,127	\$ 1,817
<b>TOTAL EXPENDITURES</b>	<b>\$ 16,558,079</b>	<b>100.00%</b>	<b>\$ 372,993</b>	<b>2.30%</b>	<b>\$ 15,453,978</b>	<b>\$ 16,185,086</b>	<b>\$ 731,108</b>

<b>TOTAL FTE'S</b>	<b>216.24</b>	<b>7.92</b>	<b>3.80%</b>	<b>199.86</b>	<b>208.32</b>	<b>8.46</b>
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## AUSTIN TRAVIS COUNTY INTEGRAL CARE FY 2012 BUDGET PLAN Behavioral Health Services

### BUDGET ASSUMPTIONS

- Increase opportunities for consumers and their families as appropriate to participate in peer-directed activities.
- Continued strong collaboration with Criminal Justice system including jail diversion initiatives.
- Continued growth in collaborations with organizations and other community centers around issues related to Veterans' mental health, including families of Veterans.
- Continued rollout of integration of mental health/chemical dependency treatment services and behavioral health/physical health.
- Continue to strengthen substance use treatment through access to the new Medicaid services when available through DSHS.
- Continue to actively address the Wait list for adult mental health clients, with total number served more closely matching performance measures. ATCIC received a grant from St. David's Foundation to provide some services to consumers on the Wait List.
- Gather resources in preparation for Joint Commission accreditation.
- Invest in personnel, resources, and technology in preparation for health care reform and the patient centered medical home.
- Actively engage in strategic processes that maximizes opportunities to participate in SAMSHA initiatives around improving understanding of mental and substance use disorders, promoting emotional health and the prevention of substance use and mental illness, increasing access to effective treatment and to support recovery.

Behavioral Health Services
<b>Goal 1: ACCESS</b> People in the community have timely access to Behavioral Health and IDD services.
Promote clarification with community access points for referrals to specialty care.



Establish standardized screening/assessment elements for behavioral health needs with primary care specialty referrals with complex treatment/needs.
Develop 1 <sup>st</sup> line consultation process for community to access for patients with medical homes to assist in less complex treatment/needs.
Actively address and implement innovative ways to improve access to services in the most efficient and effective ways.
<b>Goal 2: HIGH-QUALITY SERVICES</b> All consumers receive high-quality, effective services.
Continue “Learning Communities” in development of a recovery-oriented system of care effecting the continuum of care integrating behavioral health and primary care.
Implement and train on assessment tool that supports person centered treatment planning incorporating wellness planning for primary care.
Train staff on primary care vocabulary and existing reporting system for out come measures, to effectively assess and plan for identified needs between two disparate systems.
Establish registry tracking/outcome measures for all individuals receiving integrative care.
Continue to implement evidence based best practices and quality service delivery models to address the unique behavioral health needs of Center consumers.
Continue collaborations with internal and external stakeholder groups to improve key processes and information communications to promote effective decision making to meet the Center’s consumer needs.
Continue to actively participate in community housing collaboratives and initiatives to increase the number of permanent supportive housing options for the population served by ATCIC.
<b>Goal 3: LEADERSHIP</b> ATCIC leads, with community organizations and providers, to address Behavioral Health and IDD issues and advocates for effective solutions.
Continue to participate in ICC, BHPP, CAN, State and National initiatives to develop a recovery-oriented system of care.
Fully participate in structuring “medical homes” / “person centered healthcare home” within specialty care for persons with chronic mental illness, chronic disease inclusive with substance use disorder.
Continue to provide relevant continuing education, ethics and leadership training, and training in evidenced based practices. Support supervisory training.
Participate in local NAMI, DBSA, Mental Health Texas, activities for support and collaboration.





Continue to participate in the criminal justice planning bodies, homeless planning groups, and other community groups as relevant to the mission.
Workforce Diversity – Participate in the agency's Affirmative Action Program to ensure that employees represent the diverse ideas, cultures and thinking of the Divisions' hiring community.
<b>Goal 4: PUBLIC AWARENESS</b> ATCIC promotes community understanding and supports Behavioral Health and IDD issues.
Clarify ATCIC role as specialty care provider within community continuum of care for persons with chronic behavioral health issues.
Participate in community development of a continuum of care across service delivery systems.
Educate providers and consumers about integrative care issues, medication management, interactions between mental and physical health conditions, including, substance use disorders and information exchange to support registry tracking and outcome measures.



**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FISCAL YEAR 2012 PROPOSED BUDGET  
CHILD & FAMILY SERVICES**

	FY 2012 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2011 CURRENT	PERCENT BUDGET CHANGE	FY 2011 ORIGINAL BUDGET	FY 2011 CURRENT BUDGET	FY 2011 YTD BUDGET CHANGE
<b>REVENUES</b>							
<b>Local Funds:</b>							
City of Austin	\$ 376,491	5.49%	\$ -	0.00%	\$ 376,491	\$ 376,491	\$ -
Travis County	\$ 1,167,390	17.01%	\$ (7,145)	-0.61%	\$ 938,276	\$ 1,174,535	\$ 236,259
Travis County Healthcare District	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Client Fees, Rents, & Insurance	\$ 73,918	1.08%	\$ (2,692)	-3.51%	\$ 71,100	\$ 76,610	\$ 5,510
Rental Income	\$ 2,017	0.03%	\$ -	0.00%	\$ 2,017	\$ 2,017	\$ -
Other Local	\$ 323,422	4.71%	\$ (145,550)	-31.04%	\$ 400,460	\$ 468,972	\$ 68,512
<b>Total Local Funds</b>	<b>\$ 1,943,238</b>	<b>28.32%</b>	<b>\$ (155,387)</b>	<b>-7.40%</b>	<b>\$ 1,788,344</b>	<b>\$ 2,098,625</b>	<b>\$ 310,281</b>
<b>State Funds:</b>							
DSHS Mental Health	\$ 2,038,367	29.71%	\$ (205,769)	-9.17%	\$ 2,258,929	\$ 2,244,136	\$ (14,793)
DSHS Substance Abuse	\$ 74,052	1.08%	\$ -	0.00%	\$ 74,052	\$ 74,052	\$ -
DADS	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
TCOOMMI	\$ 352,273	5.13%	\$ 16,605	4.95%	\$ 405,337	\$ 335,668	\$ (69,669)
DARS (Early Childhood Intervention)	\$ 969,792	14.13%	\$ (306,166)	-23.99%	\$ 1,470,821	\$ 1,275,958	\$ (194,863)
Other State	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total State Funds</b>	<b>\$ 3,434,484</b>	<b>50.05%</b>	<b>\$ (495,330)</b>	<b>-12.60%</b>	<b>\$ 4,209,139</b>	<b>\$ 3,929,814</b>	<b>\$ (279,325)</b>
<b>Federal Funds:</b>							
Medicare/Medicaid/STAR/CHIP	\$ 1,484,151	21.63%	\$ (107,204)	-6.74%	\$ 1,511,901	\$ 1,591,355	\$ 79,454
HCS / Tx Hm Lvg Waiver	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Federal	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total Federal Funds</b>	<b>\$ 1,484,151</b>	<b>21.63%</b>	<b>\$ (107,204)</b>	<b>-6.74%</b>	<b>\$ 1,511,901</b>	<b>\$ 1,591,355</b>	<b>\$ 79,454</b>
<b>TOTAL REVENUES</b>	<b>\$ 6,861,873</b>	<b>100.00%</b>	<b>\$ (757,921)</b>	<b>-9.95%</b>	<b>\$ 7,509,384</b>	<b>\$ 7,619,794</b>	<b>\$ 110,410</b>

<b>EXPENDITURES</b>							
Salaries	\$ 3,678,689	53.61%	\$ (86,013)	-2.28%	\$ 3,860,721	\$ 3,764,702	\$ (96,019)
Fringe Benefits	\$ 969,583	14.13%	\$ (218,794)	-18.41%	\$ 1,211,590	\$ 1,188,377	\$ (23,213)
Travel \ Workshop	\$ 170,944	2.49%	\$ 40,034	30.58%	\$ 130,910	\$ 130,910	\$ -
Prescription Drugs and Medication	\$ 533	0.01%	\$ 533	-	\$ -	\$ -	\$ -
Consumable Supplies	\$ 20,041	0.29%	\$ 2,424	13.76%	\$ 17,219	\$ 17,617	\$ 398
Contracted Services	\$ 1,334,176	19.44%	\$ (374,759)	-21.93%	\$ 1,553,919	\$ 1,708,935	\$ 155,016
Capital Outlay	\$ 17,078	0.25%	\$ (16,974)	-49.85%	\$ 34,052	\$ 34,052	\$ -
Furniture & Equipment	\$ 63,035	0.92%	\$ (37,009)	-36.99%	\$ 65,041	\$ 100,044	\$ 35,003
Facility \ Telephone \ Utility	\$ 332,058	4.84%	\$ 15,392	4.86%	\$ 316,666	\$ 316,666	\$ -
Insurance Costs	\$ 11,258	0.16%	\$ 1,352	13.65%	\$ 9,906	\$ 9,906	\$ -
Vehicle Costs	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Professional Fees	\$ 1,120	0.02%	\$ 1,120	-	\$ -	\$ -	\$ -
Other Operating Costs	\$ 28,884	0.42%	\$ (48,059)	-62.46%	\$ 37,718	\$ 76,943	\$ 39,225
Client Support Costs	\$ 234,474	3.42%	\$ (37,168)	-13.68%	\$ 271,642	\$ 271,642	\$ -
<b>TOTAL EXPENDITURES</b>	<b>\$ 6,861,873</b>	<b>100.00%</b>	<b>\$ (757,921)</b>	<b>-9.95%</b>	<b>\$ 7,509,384</b>	<b>\$ 7,619,794</b>	<b>\$ 110,410</b>

<b>TOTAL FTE'S</b>	<b>85.30</b>	<b>(3.31)</b>	<b>-3.74%</b>	<b>88.19</b>	<b>88.61</b>	<b>0.42</b>
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**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FY 2012 BUDGET PLAN  
Child and Family Services**

**BUDGET ASSUMPTIONS**

- General Revenue and Fee For Service Projections are realized.
- Implement contract requirements for state and local funding streams.
- Continue implementation of 1915-c Medicaid Waiver Pilot.
- Expand Child and Family Services (CFS) behavioral healthcare services and integrate with primary care.

<b>Child and Family Services</b>
<b>Goal 1: ACCESS</b> People in the community have timely access to Behavioral Health and IDD services.
CFS will work to reduce the number of children on the waitlist by continuing to collaborate with community partners to design and fund a seamless system of care to meet consumer behavioral healthcare needs.
Increase the number of behavioral healthcare services, including preventative and outpatient care, especially with primary care providers and health homes.
<b>Goal 2: HIGH-QUALITY SERVICES</b> All consumers receive high-quality, effective services.
CFS will work to integrate services into a comprehensive network of services by continuing to utilize accessible, effective, and interoperable electronic health records.
Work to expand the field of qualified, culturally competent internal and external providers utilizing best practices.
Continue to meet the substance use and chemical dependency needs of youth and adolescents.
<b>Goal 3: LEADERSHIP</b> ATCIC leads, with community organizations and providers, to address Behavioral Health and IDD issues and advocates for effective solutions.
CFS will engage with community partners on maximizing benefits of health care reform for children and families needing behavioral healthcare services and supports.



Continue to collaborate with community partners such as local school districts, and other youth serving agencies on opportunities to obtain funding to serve children and families using a system of care best practices service model.

**Goal 4: PUBLIC AWARENESS**

ATCIC promotes community understanding and supports Behavioral Health and IDD issues.

CFS will improve knowledge and perceptions of behavioral health by conducting community outreach and educational programming in a culturally sensitive and appropriate manner.

Increase community engagement and support for children's behavioral healthcare by expanding the role of clinical internships and other volunteers.



**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FISCAL YEAR 2012 PROPOSED BUDGET  
INTELLECTUAL & DEVELOPMENTAL DISABILITIES SERVICES**

	FY 2012 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2011 CURRENT	PERCENT BUDGET CHANGE	FY 2011 ORIGINAL BUDGET	FY 2011 CURRENT BUDGET	FY 2011 YTD BUDGET CHANGE
<b>REVENUES</b>							
<b>Local Funds:</b>		<b>DD</b>					
City of Austin	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Travis County	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Travis County Healthcare District	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Client Fees, Rents, & Insurance	\$ 91,902	1.59%	\$ 11,626	14.48%	\$ 80,276	\$ 80,276	\$ -
Rental Income	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Local	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total Local Funds</b>	<b>\$ 91,902</b>	<b>1.59%</b>	<b>\$ 11,626</b>	<b>14.48%</b>	<b>\$ 80,276</b>	<b>\$ 80,276</b>	<b>\$ -</b>
<b>State Funds:</b>							
DSHS Mental Health	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DSHS Substance Abuse	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DADS	\$ 2,632,676	45.41%	\$ (1,072,262)	-28.94%	\$ 3,703,006	\$ 3,704,938	\$ 1,932
TCOOMMI	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DARS (Early Childhood Intervention)	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other State	\$ 71,518	1.23%	\$ (7,970)	-10.03%	\$ 40,000	\$ 79,488	\$ 39,488
<b>Total State Funds</b>	<b>\$ 2,704,194</b>	<b>46.64%</b>	<b>\$ (1,080,232)</b>	<b>-28.54%</b>	<b>\$ 3,743,006</b>	<b>\$ 3,784,426</b>	<b>\$ 41,420</b>
<b>Federal Funds:</b>							
Medicare/Medicaid/STAR/CHIP	\$ 1,864,410	32.16%	\$ (119,233)	-6.01%	\$ 2,038,346	\$ 1,983,643	\$ (54,703)
HCS / Tx Hm Lvg Waiver	\$ 1,137,559	19.62%	\$ (72,791)	-6.01%	\$ 1,222,564	\$ 1,210,350	\$ (12,214)
Other Federal	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total Federal Funds</b>	<b>\$ 3,001,969</b>	<b>51.78%</b>	<b>\$ (192,024)</b>	<b>-6.01%</b>	<b>\$ 3,260,910</b>	<b>\$ 3,193,993</b>	<b>\$ (66,917)</b>
<b>TOTAL REVENUES</b>	<b>\$ 5,798,065</b>	<b>100.00%</b>	<b>\$ (1,260,630)</b>	<b>-17.86%</b>	<b>\$ 7,084,192</b>	<b>\$ 7,058,695</b>	<b>\$ (25,497)</b>

<b>EXPENDITURES</b>							
Salaries	\$ 3,023,097	52.14%	\$ (432,143)	-12.51%	\$ 3,231,815	\$ 3,455,240	\$ 223,425
Fringe Benefits	\$ 893,624	15.41%	\$ (292,931)	-24.69%	\$ 1,153,838	\$ 1,186,555	\$ 32,717
Travel \ Workshop	\$ 183,965	3.17%	\$ 7,849	4.46%	\$ 171,123	\$ 176,116	\$ 4,993
Prescription Drugs and Medication	\$ 892	0.02%	\$ (179)	-16.71%	\$ 969	\$ 1,071	\$ 102
Consumable Supplies	\$ 29,303	0.51%	\$ (774)	-2.57%	\$ 29,061	\$ 30,077	\$ 1,016
Contracted Services	\$ 1,300,712	22.43%	\$ (334,190)	-20.44%	\$ 1,926,558	\$ 1,634,902	\$ (291,656)
Capital Outlay	\$ 25,987	0.45%	\$ (16,121)	-38.28%	\$ 41,698	\$ 42,108	\$ 410
Furniture & Equipment	\$ 57,780	1.00%	\$ (581)	-1.00%	\$ 57,482	\$ 58,361	\$ 879
Facility \ Telephone \ Utility	\$ 206,080	3.55%	\$ (12,441)	-5.69%	\$ 216,066	\$ 218,521	\$ 2,455
Insurance Costs	\$ 14,618	0.25%	\$ 855	6.21%	\$ 13,609	\$ 13,763	\$ 154
Vehicle Costs	\$ 20,503	0.35%	\$ 3,417	20.00%	\$ 17,086	\$ 17,086	\$ -
Professional Fees	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Operating Costs	\$ 14,718	0.25%	\$ (12,409)	-45.74%	\$ 27,119	\$ 27,127	\$ 8
Client Support Costs	\$ 26,786	0.46%	\$ (170,982)	-86.46%	\$ 197,768	\$ 197,768	\$ -
<b>TOTAL EXPENDITURES</b>	<b>\$ 5,798,065</b>	<b>100.00%</b>	<b>\$ (1,260,630)</b>	<b>-17.86%</b>	<b>\$ 7,084,192</b>	<b>\$ 7,058,695</b>	<b>\$ (25,497)</b>

<b>TOTAL FTE'S</b>	<b>97.87</b>	<b>(17.04)</b>	<b>-14.83%</b>	<b>103.81</b>	<b>114.91</b>	<b>11.10</b>
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**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FY 2012 BUDGET PLAN  
Intellectual and Developmental Disabilities Services**

**BUDGET ASSUMPTIONS**

- Enroll and provide service coordination to approximately 80 additional recipients of the Texas Home Living Waiver (TxHmL) program as part of the refinancing plan to address the funding gaps identified by HHSC.
- Emphasize essential, best value services; core supports (e.g. intake and eligibility services, service coordination, family support, respite, behavioral support for children and adults with autism).
- Continue with collaborative efforts to pursue grant/contract opportunities that enhance collaboration and address the Center's strategic plan.
- Participate in the development of a coordinated system of access for aging and disability services through the community round tables with future plans to collaboratively establish an Aging and Disability Resource Center (ADRC) in and around the Travis County area.
- Adjust internal provider operations as part of the rate reductions to be implemented for FY 2012.
- Continue the Autism Program Pilot for FY 2012, providing wrap around services and supports to children and adults with autism, with continued efforts to obtain grant and specialized funding to expand the program in the near future.
- Convert to a "paperless" operation in regards to the electronic medical record which will allow the division to consume less paper and strive to become more environmentally friendly; improving overall efficiency.

<b>Intellectual and Developmental Disabilities Services</b>	
<b>Goal 1: ACCESS</b>	
People in the community have timely access to Behavioral Health and IDD services.	
Conduct cross-training with community partners and inter-agency program areas to enhance continuity of care for persons eligible for multiple programs/supports.	
Establish a collection of standardized materials, specifically tailored to various groups, to be used in educating others about the array of services within the IDD division. Information will detail the specifics on how to access needed services.	



<b>Goal 2: HIGH-QUALITY SERVICES</b> All consumers receive high-quality, effective services.
Enhance staff competency through best practice training in the area of dual diagnoses by certifying all IDD staff in Mental Health First Aid.
Detail service delivery procedures, revising processes where necessary, in conjunction with plans to achieve agency wide accreditation.
Seek opportunities for collaborative efforts in applying for funding to expand and develop programs to meet the needs within our community.
Seek and develop resources to support recruiting, training, and retaining the most competent staff to meet the diverse needs of the consumers we serve.
<b>Goal 3: LEADERSHIP</b> ATCIC leads, with community organizations and providers, to address Behavioral Health and IDD issues and advocates for effective solutions.
Develop a specialized team to guide division leaders on current state of fiscal operations, empowering them to make informed decisions and best recommendations for their respective areas.
Lead collaborative efforts with community partners and other stakeholders to develop a proposal for funding of an Aging and Disability Resource Center (ADRC) in the future.
<b>Goal 4: PUBLIC AWARENESS</b> ATCIC promotes community understanding and supports Behavioral Health and IDD issues.
In collaboration with other community based organizations, the division will continue to sponsor symposiums, for families and professionals, concerning specific consumer care and future planning issues.
Enhance community presence through participation in local events sponsored by community partners in advocacy and community education that seek to eradicate stigma.





**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FISCAL YEAR 2012 PROPOSED BUDGET  
PHARMACY**

	FY 2012 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2011 CURRENT	PERCENT BUDGET CHANGE	FY 2011 ORIGINAL BUDGET	FY 2011 CURRENT BUDGET	FY 2011 YTD BUDGET CHANGE
<b>REVENUES</b>							
<b>Local Funds:</b>							
City of Austin	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Travis County	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Travis County Healthcare District	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Client Fees, Rents, & Insurance	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Rental Income	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Local	\$ 3,240	0.18%	\$ (760)	-19.00%	\$ 4,000	\$ 4,000	\$ -
<b>Total Local Funds</b>	<b>\$ 3,240</b>	<b>0.18%</b>	<b>\$ (760)</b>	<b>-19.00%</b>	<b>\$ 4,000</b>	<b>\$ 4,000</b>	<b>\$ -</b>
<b>State Funds:</b>							
DSHS Mental Health	\$ 992,885	54.63%	\$ (189,751)	-16.04%	\$ 1,322,981	\$ 1,182,636	\$ (140,345)
DSHS Substance Abuse	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DADS	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
TCOOMMI	\$ 65,000	3.58%	\$ 8,274	14.59%	\$ 50,000	\$ 56,726	\$ 6,726
DARS (Early Childhood Intervention)	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other State	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total State Funds</b>	<b>\$ 1,057,885</b>	<b>58.21%</b>	<b>\$ (181,477)</b>	<b>-14.64%</b>	<b>\$ 1,372,981</b>	<b>\$ 1,239,362</b>	<b>\$ (133,619)</b>
<b>Federal Funds:</b>							
Medicare/Medicaid/STAR/CHIP	\$ 756,264	41.61%	\$ 81,978	12.16%	\$ 537,786	\$ 674,286	\$ 136,500
HCS / Tx Hm Lvg Waiver	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Federal	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total Federal Funds</b>	<b>\$ 756,264</b>	<b>41.61%</b>	<b>\$ 81,978</b>	<b>12.16%</b>	<b>\$ 537,786</b>	<b>\$ 674,286</b>	<b>\$ 136,500</b>
<b>TOTAL REVENUES</b>	<b>\$ 1,817,389</b>	<b>100.00%</b>	<b>\$ (100,259)</b>	<b>-5.23%</b>	<b>\$ 1,914,767</b>	<b>\$ 1,917,648</b>	<b>\$ 2,881</b>

<b>EXPENDITURES</b>							
Salaries	\$ 225,732	12.42%	\$ 5,347	2.43%	\$ 223,967	\$ 220,385	\$ (3,582)
Fringe Benefits	\$ 59,897	3.30%	\$ (20,711)	-25.69%	\$ 80,871	\$ 80,608	\$ (263)
Travel \ Workshop	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Prescription Drugs and Medication	\$ 1,466,510	80.69%	\$ (82,992)	-5.36%	\$ 1,542,776	\$ 1,549,502	\$ 6,726
Consumable Supplies	\$ 5,288	0.29%	\$ (1,923)	-26.67%	\$ 7,211	\$ 7,211	\$ -
Contracted Services	\$ 19,441	1.07%	\$ (1,871)	-8.78%	\$ 21,312	\$ 21,312	\$ -
Capital Outlay	\$ 948	0.05%	\$ (2,072)	-68.61%	\$ 3,020	\$ 3,020	\$ -
Furniture & Equipment	\$ 16,643	0.92%	\$ (683)	-3.94%	\$ 17,326	\$ 17,326	\$ -
Facility \ Telephone \ Utility	\$ 21,611	1.19%	\$ 4,880	29.17%	\$ 16,731	\$ 16,731	\$ -
Insurance Costs	\$ 676	0.04%	\$ (214)	-24.04%	\$ 890	\$ 890	\$ -
Vehicle Costs	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Professional Fees	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Operating Costs	\$ 643	0.04%	\$ (20)	-3.02%	\$ 663	\$ 663	\$ -
Client Support Costs	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>TOTAL EXPENDITURES</b>	<b>\$ 1,817,389</b>	<b>100.00%</b>	<b>\$ (100,259)</b>	<b>-5.23%</b>	<b>\$ 1,914,767</b>	<b>\$ 1,917,648</b>	<b>\$ 2,881</b>

<b>TOTAL FTE'S</b>	<b>6.00</b>	<b>0.00</b>	<b>0.00%</b>	<b>6.00</b>	<b>6.00</b>	<b>0.00</b>
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**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FY 2012 BUDGET PLAN  
Pharmacy**

**BUDGET ASSUMPTIONS**

- Maintain expenses within budget.
- Maximize use of Patient Assistance Programs.
- Maximize use of mail order medications.

Pharmacy	
<b>Goal 1: ACCESS</b>	
People in the community have timely access to Behavioral Health and IDD services.	
N/A	
<b>Goal 2: HIGH-QUALITY SERVICES</b>	
All consumers receive high-quality, effective services.	
Prompt filling of medications minimizing delays in treatment.	
<b>Goal 3: LEADERSHIP</b>	
ATCIC leads, with community organizations and providers, to address Behavioral Health and IDD issues and advocates for effective solutions.	
N/A	
<b>Goal 4: PUBLIC AWARENESS</b>	
ATCIC promotes community understanding and supports Behavioral Health and IDD issues.	
N/A	



**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FISCAL YEAR 2012 PROPOSED BUDGET  
MH CRISIS SERVICES**

	FY 2012 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2011 CURRENT	PERCENT BUDGET CHANGE	FY 2011 ORIGINAL BUDGET	FY 2011 CURRENT BUDGET	FY 2011 YTD BUDGET CHANGE
<b>REVENUES</b>							
<b>Local Funds:</b>							
City of Austin	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Travis County	\$ 789,582	4.89%	\$ (35,881)	-4.35%	\$ 461,255	\$ 825,463	\$ 364,208
Travis County Healthcare District	\$ 7,925,319	49.07%	\$ 1,830,617	30.04%	\$ -	\$ 6,094,702	\$ 6,094,702
Client Fees, Rents, & Insurance	\$ 6,701	0.04%	\$ 3,313	97.79%	\$ 3,388	\$ 3,388	\$ -
Rental Income	\$ 4,800	0.03%	\$ -	0.00%	\$ 4,800	\$ 4,800	\$ -
Other Local	\$ 36,902	0.23%	\$ 13,534	57.92%	\$ 23,368	\$ 23,368	\$ -
<b>Total Local Funds</b>	<b>\$ 8,763,304</b>	<b>54.25%</b>	<b>\$ 1,811,583</b>	<b>26.06%</b>	<b>\$ 492,811</b>	<b>\$ 6,951,721</b>	<b>\$ 6,458,910</b>
<b>State Funds:</b>							
DSHS Mental Health	\$ 6,788,242	42.03%	\$ (393,185)	-5.48%	\$ 7,194,702	\$ 7,181,427	\$ (13,275)
DSHS Substance Abuse	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DADS	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
TCOOMMI	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DARS (Early Childhood Intervention)	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other State	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total State Funds</b>	<b>\$ 6,788,242</b>	<b>42.03%</b>	<b>\$ (393,185)</b>	<b>-5.48%</b>	<b>\$ 7,194,702</b>	<b>\$ 7,181,427</b>	<b>\$ (13,275)</b>
<b>Federal Funds:</b>							
Medicare/Medicaid/STAR/CHIP	\$ 600,765	3.72%	\$ 61,213	11.35%	\$ 539,552	\$ 539,552	\$ -
HCS / Tx Hm Lvg Waiver	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Federal	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total Federal Funds</b>	<b>\$ 600,765</b>	<b>3.72%</b>	<b>\$ 61,213</b>	<b>11.35%</b>	<b>\$ 539,552</b>	<b>\$ 539,552</b>	<b>\$ -</b>
<b>TOTAL REVENUES</b>	<b>\$ 16,152,311</b>	<b>100.00%</b>	<b>\$ 1,479,611</b>	<b>10.08%</b>	<b>\$ 8,227,065</b>	<b>\$ 14,672,700</b>	<b>\$ 6,445,635</b>

<b>EXPENDITURES</b>							
Salaries	\$ 3,798,678	23.52%	\$ (87,287)	-2.25%	\$ 3,623,760	\$ 3,885,965	\$ 262,205
Fringe Benefits	\$ 886,543	5.49%	\$ (196,808)	-18.17%	\$ 1,018,303	\$ 1,083,351	\$ 65,048
Travel \ Workshop	\$ 34,405	0.21%	\$ (8,628)	-20.05%	\$ 44,066	\$ 43,033	\$ (1,033)
Prescription Drugs and Medication	\$ 16,499	0.10%	\$ 12,048	270.68%	\$ 4,451	\$ 4,451	\$ -
Consumable Supplies	\$ 30,392	0.19%	\$ (5,135)	-14.45%	\$ 35,527	\$ 35,527	\$ -
Contracted Services	\$ 10,767,136	66.66%	\$ 1,847,992	20.72%	\$ 2,801,915	\$ 8,919,144	\$ 6,117,229
Capital Outlay	\$ 54,525	0.34%	\$ (20,463)	-27.29%	\$ 74,988	\$ 74,988	\$ -
Furniture & Equipment	\$ 50,471	0.31%	\$ (3,903)	-7.18%	\$ 54,374	\$ 54,374	\$ -
Facility \ Telephone \ Utility	\$ 400,234	2.48%	\$ (48,692)	-10.85%	\$ 448,206	\$ 448,926	\$ 720
Insurance Costs	\$ 21,402	0.13%	\$ 2,652	14.14%	\$ 18,750	\$ 18,750	\$ -
Vehicle Costs	\$ 25,993	0.16%	\$ 9,351	56.19%	\$ 16,642	\$ 16,642	\$ -
Professional Fees	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Operating Costs	\$ 19,037	0.12%	\$ 5,733	43.09%	\$ 11,838	\$ 13,304	\$ 1,466
Client Support Costs	\$ 46,996	0.29%	\$ (27,249)	-36.70%	\$ 74,245	\$ 74,245	\$ -
<b>TOTAL EXPENDITURES</b>	<b>\$ 16,152,311</b>	<b>100.00%</b>	<b>\$ 1,479,611</b>	<b>10.08%</b>	<b>\$ 8,227,065</b>	<b>\$ 14,672,700</b>	<b>\$ 6,445,635</b>

<b>TOTAL FTE'S</b>	<b>73.46</b>	<b>(9.12)</b>	<b>-11.04%</b>	<b>78.63</b>	<b>82.58</b>	<b>3.95</b>
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**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FY 2012 BUDGET PLAN  
MH Crisis Services**

**BUDGET ASSUMPTIONS**

- Continue Crisis Redesign using established funds.
- Anticipate application for additional funds.
- Maintain current staff capacity.
- Maintain current Managed Care Operations staffing and capacity.
- Gather resources in preparation for Joint Commission accreditation.
- Invest in personnel, resources, and technology in preparation for health care reform.

<b>MH Crisis Services</b>
<b>Goal 1: ACCESS</b> People in the community have timely access to Behavioral Health and IDD services.
Provide continuum of crisis services to help consumers return to pre-crisis functioning and sustain their tenure in the community.
Provide evidence-based disaster MH planning and treatment.
Maintain compliance with contracts and other legal requirements.
<b>Goal 2: HIGH-QUALITY SERVICES</b> All consumers receive high-quality, effective services.
Develop data providing relevant, practical data to Management Team (EMT, QLT).
Maintain informed/trained workforce in Deficit Reduction Act, confidentiality, documentation.
Ensure timely and relevant staff training and accreditation.
Encourage peer recovery activities in crisis services.
Workforce Diversity – Participate in the agency's Affirmative Action Program to ensure that employees represent the diverse ideas, cultures and thinking of the Divisions' hiring community.
<b>Goal 3: LEADERSHIP</b> ATCIC leads, with community organizations and providers, to address Behavioral



Health and IDD issues and advocates for effective solutions.
Continue effective operation of MH Crisis Redesign plan including MCOT, Crisis Hotline, Crisis Respite, Crisis Residential and In-Patient Resources.
Maintain Crisis Chat services and continue to inform the community of its purpose and breadth of service.
Collaborate with community crisis system stakeholders to identify areas of need in the community and work to address those needs with available and new potential resources.
<b>Goal 4: PUBLIC AWARENESS</b> ATCIC promotes community understanding and supports Behavioral Health and IDD issues.
Direct ATCIC activities related to interagency taskforces and community stakeholders.
Continue to expand crisis presentations for agency staff and community partners.
Continue to expand outreach and consultation/lethality training with community agencies.



**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FISCAL YEAR 2012 PROPOSED BUDGET  
PROGRAM SUPPORT**

	FY 2012 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2011 CURRENT	PERCENT BUDGET CHANGE	FY 2011 ORIGINAL BUDGET	FY 2011 CURRENT BUDGET	FY 2011 YTD BUDGET CHANGE
<b>REVENUES</b>							
<b>Local Funds:</b>							
City of Austin	\$ 227,964	11.70%	\$ -	0.00%	\$ 227,964	\$ 227,964	\$ -
Travis County	\$ 235,607	12.10%	\$ 16,297	7.43%	\$ 203,775	\$ 219,310	\$ 15,535
Travis County Healthcare District	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Client Fees, Rents, & Insurance	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Rental Income	\$ 14,425	0.74%	\$ 1,513	11.72%	\$ 12,912	\$ 12,912	\$ -
Other Local	\$ 150,723	7.74%	\$ (17,628)	-10.47%	\$ 168,351	\$ 168,351	\$ -
<b>Total Local Funds</b>	<b>\$ 628,719</b>	<b>32.28%</b>	<b>\$ 182</b>	<b>0.03%</b>	<b>\$ 613,002</b>	<b>\$ 628,537</b>	<b>\$ 15,535</b>
<b>State Funds:</b>							
DSHS Mental Health	\$ 892,323	45.81%	\$ 74,020	9.05%	\$ 731,762	\$ 818,303	\$ 86,541
DSHS Substance Abuse	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DADS	\$ 87,976	4.52%	\$ 22,344	34.04%	\$ 65,632	\$ 65,632	\$ -
TCOOMMI	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DARS (Early Childhood Intervention)	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other State	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total State Funds</b>	<b>\$ 980,299</b>	<b>50.33%</b>	<b>\$ 96,364</b>	<b>10.90%</b>	<b>\$ 797,394</b>	<b>\$ 883,935</b>	<b>\$ 86,541</b>
<b>Federal Funds:</b>							
Medicare/Medicaid/STAR/CHIP	\$ 338,680	17.39%	\$ (2,995)	-0.88%	\$ 341,675	\$ 341,675	\$ -
HCS / Tx Hm Lvg Waiver	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Federal	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total Federal Funds</b>	<b>\$ 338,680</b>	<b>17.39%</b>	<b>\$ (2,995)</b>	<b>-0.88%</b>	<b>\$ 341,675</b>	<b>\$ 341,675</b>	<b>\$ -</b>
<b>TOTAL REVENUES</b>	<b>\$ 1,947,698</b>	<b>100.00%</b>	<b>\$ 93,551</b>	<b>5.05%</b>	<b>\$ 1,752,071</b>	<b>\$ 1,854,147</b>	<b>\$ 102,076</b>

<b>EXPENDITURES</b>							
Salaries	\$ 1,211,308	62.19%	\$ 94,623	8.47%	\$ 1,041,371	\$ 1,116,685	\$ 75,314
Fringe Benefits	\$ 293,831	15.09%	\$ (37,584)	-11.34%	\$ 314,996	\$ 331,415	\$ 16,419
Travel \ Workshop	\$ 18,454	0.95%	\$ (6,762)	-26.82%	\$ 25,216	\$ 25,216	\$ -
Prescription Drugs and Medication	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Consumable Supplies	\$ 22,386	1.15%	\$ 2,539	12.79%	\$ 19,239	\$ 19,847	\$ 608
Contracted Services	\$ 74,006	3.80%	\$ (849)	-1.13%	\$ 79,255	\$ 74,855	\$ (4,400)
Capital Outlay	\$ 14,283	0.73%	\$ 1,742	13.89%	\$ 12,541	\$ 12,541	\$ -
Furniture & Equipment	\$ 20,431	1.05%	\$ (928)	-4.34%	\$ 15,724	\$ 21,359	\$ 5,635
Facility \ Telephone \ Utility	\$ 110,154	5.66%	\$ 32,546	41.94%	\$ 77,608	\$ 77,608	\$ -
Insurance Costs	\$ 5,030	0.26%	\$ 2,817	127.29%	\$ 2,213	\$ 2,213	\$ -
Vehicle Costs	\$ 30,026	1.54%	\$ (12,023)	-28.59%	\$ 42,049	\$ 42,049	\$ -
Professional Fees	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Operating Costs	\$ 147,459	7.57%	\$ 20,350	16.01%	\$ 118,609	\$ 127,109	\$ 8,500
Client Support Costs	\$ 330	0.02%	\$ (2,920)	-89.85%	\$ 3,250	\$ 3,250	\$ -
<b>TOTAL EXPENDITURES</b>	<b>\$ 1,947,698</b>	<b>100.00%</b>	<b>\$ 93,551</b>	<b>5.05%</b>	<b>\$ 1,752,071</b>	<b>\$ 1,854,147</b>	<b>\$ 102,076</b>

<b>TOTAL FTE'S</b>	<b>23.90</b>	<b>0.22</b>	<b>0.95%</b>	<b>21.67</b>	<b>23.67</b>	<b>2.00</b>
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**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FY 2012 BUDGET PLAN  
Program Support**

**BUDGET ASSUMPTIONS**

- Align front door functions to increase effectiveness in identifying third party coverage.
- Increase customer service responsiveness through use of LPC Intern in Ombudsman's office.
- Increase Mental Health First Aid training opportunities for the community.
- Maintain tobacco free workplace initiative.

Program Support
<b>Goal 1: ACCESS</b> People in the community have timely access to Behavioral Health and IDD services.
Improve efficiency of front door processes by collecting financial and programmatic eligibility information prior to appointment.
<b>Goal 2: HIGH-QUALITY SERVICES</b> All consumers receive high-quality, effective services.
Provide supervision to LPC intern to foster consumer self-advocacy.
Increase the use of Medicaider to screen for benefit eligibility.
Evaluate development of a call cue for SPOE/CBO.
<b>Goal 3: LEADERSHIP</b> ATCIC leads, with community organizations and providers, to address Behavioral Health and IDD issues and advocates for effective solutions.
Continue to join with City of Austin leadership in tobacco free initiatives.
Expand training opportunities in Mental Health First Aid.
Expand prevention and wellness activities.
<b>Goal 4: PUBLIC AWARENESS</b> ATCIC promotes community understanding and supports Behavioral Health and IDD issues.
N/A



**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FISCAL YEAR 2012 PROPOSED BUDGET  
COMMUNITY PLANNING & INITIATIVES**

	FY 2012 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2011 CURRENT	PERCENT BUDGET CHANGE	FY 2011 ORIGINAL BUDGET	FY 2011 CURRENT BUDGET	FY 2011 YTD BUDGET CHANGE
<b>REVENUES</b>							
<b>Local Funds:</b>							
City of Austin	\$ 167,465	17.99%	\$ (38,541)	-18.71%	\$ 206,006	\$ 206,006	\$ -
Travis County	\$ 91,825	9.86%	\$ (7,439)	-7.49%	\$ 25,000	\$ 99,264	\$ 74,264
Travis County Healthcare District	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Client Fees, Rents, & Insurance	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Rental Income	\$ 43,288	4.65%	\$ (1,513)	-3.38%	\$ 44,801	\$ 44,801	\$ -
Other Local	\$ 86,300	9.27%	\$ (82,187)	-48.78%	\$ 119,919	\$ 168,487	\$ 48,568
<b>Total Local Funds</b>	<b>\$ 388,878</b>	<b>41.77%</b>	<b>\$ (129,680)</b>	<b>-25.01%</b>	<b>\$ 395,726</b>	<b>\$ 518,558</b>	<b>\$ 122,832</b>
<b>State Funds:</b>							
DSHS Mental Health	\$ 51,658	5.55%	\$ (8,566)	-14.22%	\$ 54,424	\$ 60,224	\$ 5,800
DSHS Substance Abuse	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DADS	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
TCOOMMI	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DARS (Early Childhood Intervention)	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other State	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total State Funds</b>	<b>\$ 51,658</b>	<b>5.55%</b>	<b>\$ (8,566)</b>	<b>-14.22%</b>	<b>\$ 54,424</b>	<b>\$ 60,224</b>	<b>\$ 5,800</b>
<b>Federal Funds:</b>							
Medicare/Medicaid/STAR/CHIP	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
HCS / Tx Hm Lvg Waiver	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Federal	\$ 490,404	52.68%	\$ 393,603	406.61%	\$ 96,801	\$ 96,801	\$ -
<b>Total Federal Funds</b>	<b>\$ 490,404</b>	<b>52.68%</b>	<b>\$ 393,603</b>	<b>406.61%</b>	<b>\$ 96,801</b>	<b>\$ 96,801</b>	<b>\$ -</b>
<b>TOTAL REVENUES</b>	<b>\$ 930,940</b>	<b>100.00%</b>	<b>\$ 255,357</b>	<b>37.80%</b>	<b>\$ 546,951</b>	<b>\$ 675,583</b>	<b>\$ 128,632</b>

<b>EXPENDITURES</b>							
Salaries	\$ 446,049	47.91%	\$ 248,044	125.27%	\$ 198,726	\$ 198,005	\$ (721)
Fringe Benefits	\$ 76,304	8.20%	\$ 30,682	67.25%	\$ 44,901	\$ 45,622	\$ 721
Travel \ Workshop	\$ 50,194	5.39%	\$ 12,362	32.68%	\$ 37,832	\$ 37,832	\$ -
Prescription Drugs and Medication	\$ 10,000	1.07%	\$ 10,000	-	\$ -	\$ -	\$ -
Consumable Supplies	\$ 69,276	7.44%	\$ 61,220	759.93%	\$ 8,056	\$ 8,056	\$ -
Contracted Services	\$ 20,072	2.16%	\$ (33,961)	-62.85%	\$ 17,776	\$ 54,033	\$ 36,257
Capital Outlay	\$ 8,313	0.89%	\$ (28,688)	-77.53%	\$ 9,148	\$ 37,001	\$ 27,853
Furniture & Equipment	\$ 4,650	0.50%	\$ (16,171)	-77.67%	\$ 1,677	\$ 20,821	\$ 19,144
Facility \ Telephone \ Utility	\$ 42,248	4.54%	\$ (37,010)	-46.70%	\$ 44,685	\$ 79,258	\$ 34,573
Insurance Costs	\$ 3,265	0.35%	\$ (9,594)	-74.61%	\$ 12,859	\$ 12,859	\$ -
Vehicle Costs	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Professional Fees	\$ -	0.00%	\$ (5,725)	-100.00%	\$ -	\$ 5,725	\$ 5,725
Other Operating Costs	\$ 200,569	21.54%	\$ 24,198	13.72%	\$ 171,291	\$ 176,371	\$ 5,080
Client Support Costs	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>TOTAL EXPENDITURES</b>	<b>\$ 930,940</b>	<b>100.00%</b>	<b>\$ 255,357</b>	<b>37.80%</b>	<b>\$ 546,951</b>	<b>\$ 675,583</b>	<b>\$ 128,632</b>

<b>TOTAL FTE'S</b>	<b>9.08</b>	<b>5.08</b>	<b>126.88%</b>	<b>3.25</b>	<b>4.00</b>	<b>0.75</b>
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**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FY 2012 BUDGET PLAN  
Community Planning & Initiatives**

**BUDGET ASSUMPTIONS**

- Improve knowledge and perceptions of behavioral health and IDD issues.
- Improve awareness of ATCIC services and its role in the community.
- Increase community engagement and support for behavioral health and IDD issues.
- Reduce barriers for underserved populations.
- Assume a leadership role in advancing community collaborations to address emerging and chronic conditions impacting ATCIC's consumers.
- Work with community leaders to identify gaps and community indicators to measure progress towards common goals.

<b>Community Planning &amp; Initiatives</b>	
<b>Goal 1: ACCESS</b>	People in the community have timely access to Behavioral Health and IDD services.
Increase accessible, easily understood, culturally competent points of entry to services.	
Increase engagement through the appropriate use of technology and communications for individuals with IDD, auditory and visual impairments.	
Provide information on behavioral health and IDD including signs, symptoms and definitions.	
Communicate service access points.	
<b>Goal 2: HIGH-QUALITY SERVICES</b>	All consumers receive high-quality, effective services.
Conduct community outreach to underserved populations in a culturally sensitive manner.	
<b>Goal 3: LEADERSHIP</b>	ATCIC leads, with community organizations and providers, to address Behavioral Health and IDD issues and advocates for effective solutions.



Engage with community and consumer organizations in public policy education while continuing to educate and create opportunities for dialogue with local, state and federal policy makers on mental health and IDD issues.
Convene and engage with stakeholders to identify public policy challenges and create solutions.
Develop and maintain relationships with culturally diverse leaders to ensure the identification of challenges and opportunities regarding behavioral health and IDD issues in their communities.
Continue leadership role with Psychiatric Stakeholders Committee and Crisis Implementation Committee.
Continue to support Mental Health Task Force in its Indicator Improvement Initiative.
<b>Goal 4: PUBLIC AWARENESS</b> ATCIC promotes community understanding and supports Behavioral Health and IDD issues.
Communicate outcomes and feedback to stakeholders.
Align internal and external messaging.
Utilize various communication tools to inform the community about the full range of services available at ATCIC and other local providers.
Strengthen outreach and educational efforts on IDD issues and services with collaborators and local school districts.



**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FISCAL YEAR 2012 PROPOSED BUDGET  
AUTHORITY / ADMINISTRATION SUPPORT SERVICES**

	FY 2012 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2011 CURRENT	PERCENT BUDGET CHANGE	FY 2011 ORIGINAL BUDGET	FY 2011 CURRENT BUDGET	FY 2011 YTD BUDGET CHANGE
<b>REVENUES</b>							
<b>Local Funds:</b>							
City of Austin	\$ 1,075,408	17.84%	\$ (11,458)	-1.05%	\$ 1,078,331	\$ 1,086,866	\$ 8,535
Travis County	\$ 523,466	8.68%	\$ (126,039)	-19.41%	\$ 589,747	\$ 649,505	\$ 59,758
Travis County Healthcare District	\$ 135,357	2.25%	\$ -	0.00%	\$ 131,359	\$ 135,357	\$ 3,998
Client Fees, Rents, & Insurance	\$ -	0.00%	\$ (6,020)	-100.00%	\$ 6,020	\$ 6,020	\$ -
Rental Income	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Local	\$ 138,958	2.31%	\$ (14,484)	-9.44%	\$ 154,991	\$ 153,442	\$ (1,549)
<b>Total Local Funds</b>	<b>\$ 1,873,189</b>	<b>31.08%</b>	<b>\$ (158,001)</b>	<b>-7.78%</b>	<b>\$ 1,960,448</b>	<b>\$ 2,031,190</b>	<b>\$ 70,742</b>
<b>State Funds:</b>							
DSHS Mental Health	\$ 1,888,912	31.34%	\$ 84,118	4.66%	\$ 1,919,580	\$ 1,804,794	\$ (114,786)
DSHS Substance Abuse	\$ 237,860	3.95%	\$ (12,527)	-5.00%	\$ 246,005	\$ 250,387	\$ 4,382
DADS	\$ 297,745	4.94%	\$ (128,553)	-30.16%	\$ 426,196	\$ 426,298	\$ 102
TCOOMMI	\$ 150,180	2.49%	\$ 30,082	25.05%	\$ 119,033	\$ 120,098	\$ 1,065
DARS (Early Childhood Intervention)	\$ 127,258	2.11%	\$ (39,216)	-23.56%	\$ 204,888	\$ 166,474	\$ (38,414)
Other State	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total State Funds</b>	<b>\$ 2,701,955</b>	<b>44.82%</b>	<b>\$ (66,096)</b>	<b>-2.39%</b>	<b>\$ 2,915,702</b>	<b>\$ 2,768,051</b>	<b>\$ (147,651)</b>
<b>Federal Funds:</b>							
Medicare/Medicaid/STAR/CHIP	\$ 1,156,568	19.19%	\$ 142,048	14.00%	\$ 999,278	\$ 1,014,520	\$ 15,242
HCS / Tx Hm Lvg Waiver	\$ 274,438	4.55%	\$ (9,234)	-3.26%	\$ 280,046	\$ 283,672	\$ 3,626
Other Federal	\$ 21,760	0.36%	\$ 26,128	-598.17%	\$ (14,562)	\$ (4,368)	\$ 10,194
<b>Total Federal Funds</b>	<b>\$ 1,452,766</b>	<b>24.10%</b>	<b>\$ 158,942</b>	<b>12.28%</b>	<b>\$ 1,264,762</b>	<b>\$ 1,293,824</b>	<b>\$ 29,062</b>
<b>TOTAL REVENUES</b>	<b>\$ 6,027,910</b>	<b>100.00%</b>	<b>\$ (65,155)</b>	<b>-1.07%</b>	<b>\$ 6,140,912</b>	<b>\$ 6,093,065</b>	<b>\$ (47,847)</b>

<b>EXPENDITURES</b>							
Salaries	\$ 3,864,779	64.11%	\$ 156,812	4.23%	\$ 3,751,758	\$ 3,707,967	\$ (43,791)
Fringe Benefits	\$ 903,274	14.98%	\$ (137,904)	-13.24%	\$ 1,046,834	\$ 1,041,178	\$ (5,656)
Travel \ Workshop	\$ 41,366	0.69%	\$ 2,899	7.54%	\$ 38,467	\$ 38,467	\$ -
Prescription Drugs and Medication	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Consumable Supplies	\$ 63,126	1.05%	\$ 4,402	7.50%	\$ 58,724	\$ 58,724	\$ -
Contracted Services	\$ 55,051	0.91%	\$ (52,662)	-48.89%	\$ 106,113	\$ 107,713	\$ 1,600
Capital Outlay	\$ 44,165	0.73%	\$ (1,631)	-3.56%	\$ 45,796	\$ 45,796	\$ -
Furniture & Equipment	\$ 130,958	2.17%	\$ 2,136	1.66%	\$ 128,822	\$ 128,822	\$ -
Facility \ Telephone \ Utility	\$ 517,346	8.58%	\$ (19,718)	-3.67%	\$ 537,064	\$ 537,064	\$ -
Insurance Costs	\$ 49,858	0.83%	\$ (546)	-1.08%	\$ 50,404	\$ 50,404	\$ -
Vehicle Costs	\$ 5,863	0.10%	\$ (204)	-3.36%	\$ 6,067	\$ 6,067	\$ -
Professional Fees	\$ 117,327	1.95%	\$ (32,936)	-21.92%	\$ 150,263	\$ 150,263	\$ -
Other Operating Costs	\$ 232,333	3.85%	\$ 12,897	5.88%	\$ 219,436	\$ 219,436	\$ -
Client Support Costs	\$ 2,464	0.04%	\$ 1,300	111.68%	\$ 1,164	\$ 1,164	\$ -
<b>TOTAL EXPENDITURES</b>	<b>\$ 6,027,910</b>	<b>100.00%</b>	<b>\$ (65,155)</b>	<b>-1.07%</b>	<b>\$ 6,140,912</b>	<b>\$ 6,093,065</b>	<b>\$ (47,847)</b>

<b>TOTAL FTE'S</b>	<b>73.09</b>	<b>0.00</b>	<b>0.00%</b>	<b>73.16</b>	<b>73.09</b>	<b>(0.07)</b>
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**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FY 2012 BUDGET PLAN  
Authority/Administration Support Services**

**BUDGET ASSUMPTIONS**

- Proactively seek solutions to patient consent challenges so ATCIC can actively participate in Community HIE Standards.
- Ready Center operations to meet and satisfy HITECH Meaningful Use Standards.
- Continue to maintain Center facilities at highest level possible as defined by Joint Commission Environment of Care and Health Safety Standards.
- Collaborate with Texas Council of Community Center's move to prepare for operational and financial impacts of Patient Protection and Affordable Care Act.
- Refine and recommit ATCIC to a robust corporate compliance function as PPACA envisions new focus.
- Develop and continue nurturing long term funding relationships with foundations.
- Demonstrate high stakeholder satisfaction with ATCIC services.
- Expand consumer-focused public policy support.
- Increase consumer choice through the new planning cycle and implementation of the Local Service Area Plan.
- Improve efficiencies for managed services operations through technological investments.
- Obtain accreditation through the Joint Commission by 2012.

Authority/Administration Support Services
<b>Goal 1: ACCESS</b> People in the community have timely access to Behavioral Health and IDD services.
N/A



<b>Goal 2: HIGH-QUALITY SERVICES</b> All consumers receive high-quality, effective services.
Establish newly constituted Compliance Committee and present Compliance Plan to ATCIC Board of Trustees
Collaboration with Quality Management, Medical Records, and Corporate Compliance Committee on a redefined monitoring and audit instrument across all program functions.
Expand field of qualified, culturally competent providers.
Ensure environments are safe and welcoming.
Make available provider profiling and provider directory information on the ATCIC website.
Plan for the availability of an automated survey at the end of a call. Develop the capacity to accept and export electronic claims and pay providers through electronic fund transfers.
<b>Goal 3: LEADERSHIP</b> ATCIC leads, with community organizations and providers, to address Behavioral Health and IDD issues and advocates for effective solutions.
Continue working with THSA to advise Texas Attorney General on adoption of a universal consent instrument which satisfies sensitive patient information regulations.
Engage with ICC, as our Local HIE, to seek solutions to secure exchange of PHI.
Apply for and receive first year incentive payment for adopting, implementing, or upgrading our Certified EHR under HITECH Act.
Explore creative solutions to satisfying Joint Commission Review exceptions should they occur regarding Environment of Care or Health Safety Standards.
Assist with Financial Readiness as all Community Centers and ATCIC ready for 2014 and the potential loss of Block Grant Funding and a shift to Fee-for-Service reimbursement in an expanded Managed Care environment.
Communicate outcomes and feedback to stakeholders.
Ensure that ATCIC is considered a desired employer.
Serve as a data resource for policy decision making.
Continue to educate and create opportunities for dialogue with local, state and federal policy makers on mental health and IDD issues.
Identify and share research-based best practices.
Assess community gaps and needs and identify areas of provider network expansion.
<b>Goal 4: PUBLIC AWARENESS</b> ATCIC promotes community understanding and supports Behavioral Health and IDD issues.

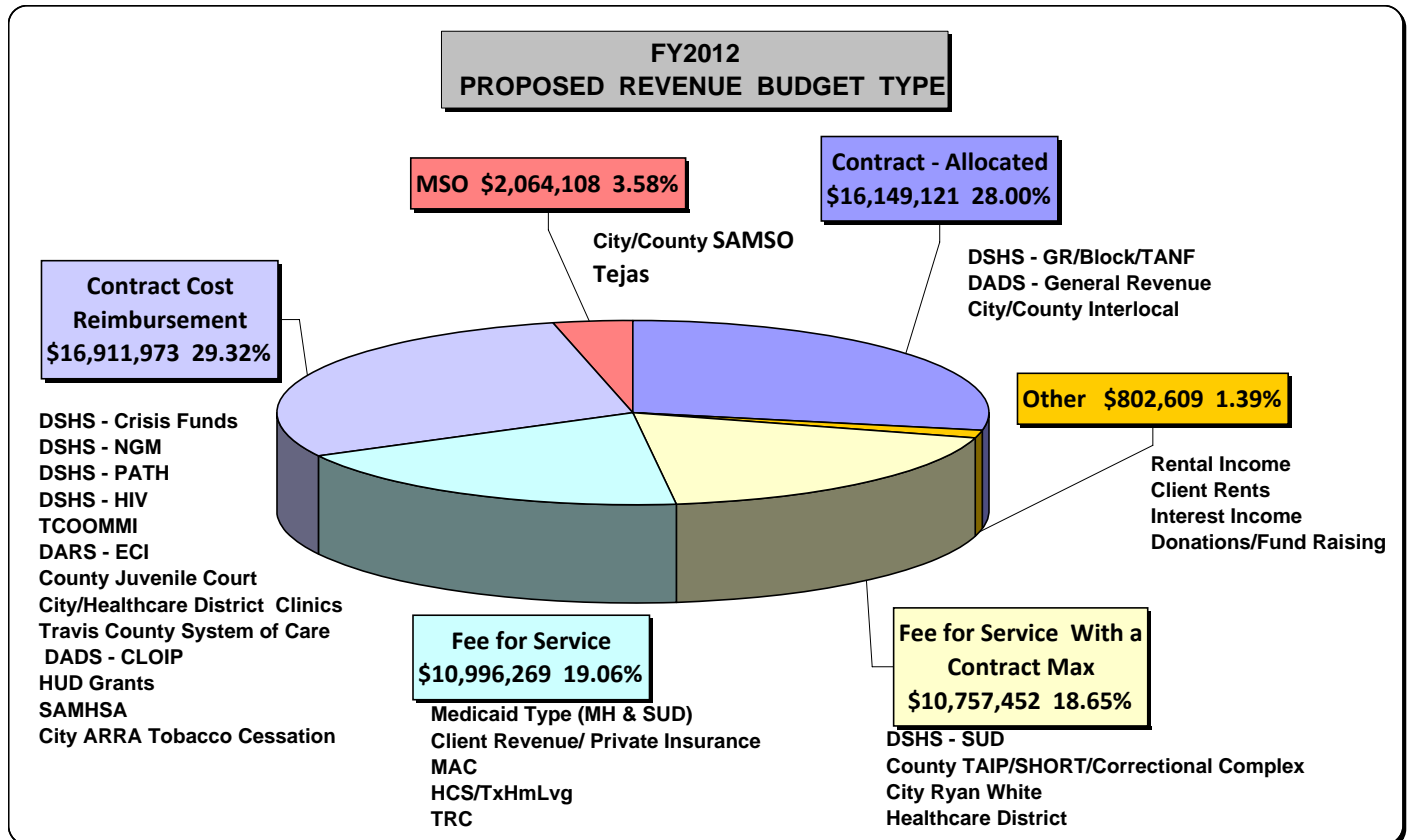


Utilize technology for effective communication.
Create and develop supportive media relationships.
Increase communication and transparency of ATCIC activities, finances and outcomes.

# Appendix



## AUSTIN TRAVIS COUNTY INTEGRAL CARE FY2012 PROPOSED REVENUE BUDGET BY TYPE OF FUNDING



**Contract - Allocated** are state General Revenue, MH Block and City / County Interlocal funds. The General Revenue and MH Block funds are to provide local authority functions and ensure the provision of mental health and developmental disability services to consumers who meet the criteria of the priority population. The City / County Interlocal provides required local match to General Revenue and MH Block funds.

**Cost Reimbursement Contracts** include a specified line item budget for stipulated services. Funds are reimbursed after the Center has incurred the expense.

**Contract Max - Fee for Service** revenue is earned after a defined unit of service is rendered at a specified rate of pay to a prescribed population. The revenue earned cannot exceed the total amount of the contract.

**Fee for Service** revenue is earned after a defined unit of service is rendered at a specified rate of pay to consumers who qualify for the benefit plan. The revenue earned is not limited except for settle-up for Rehab and Service Coordination up to 125% of cost.

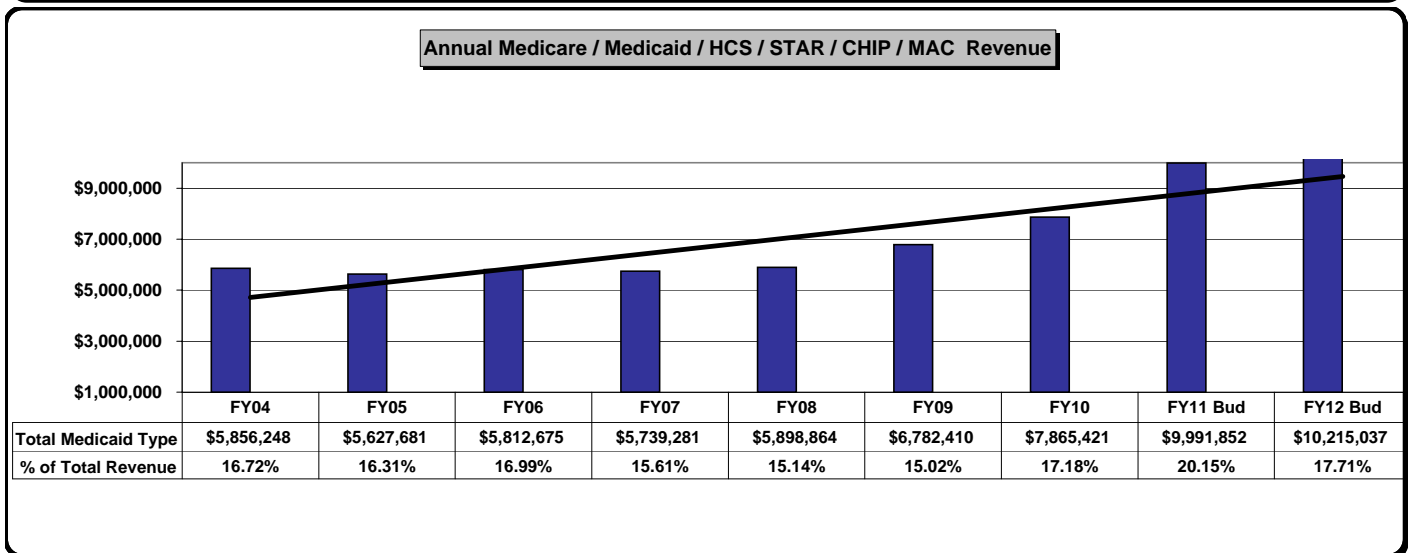
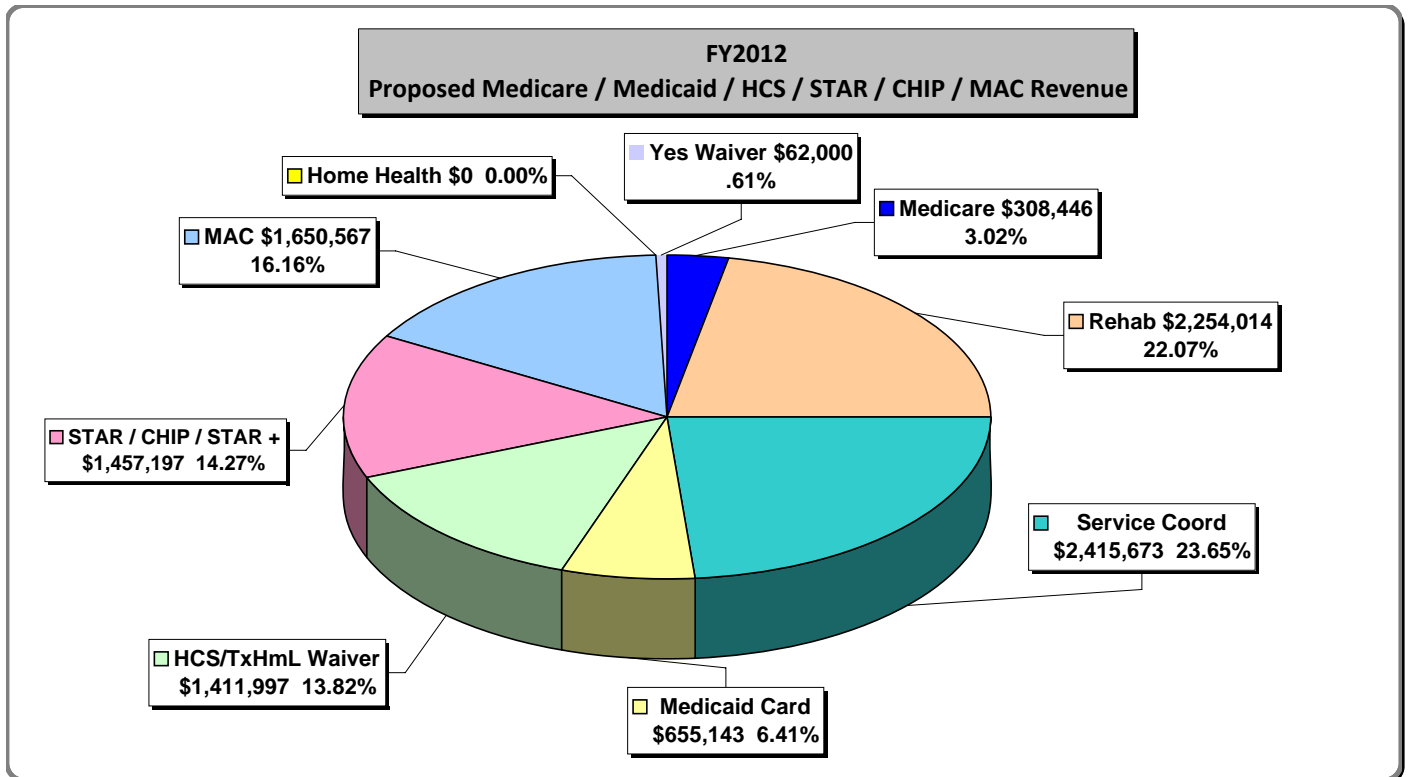
**MSO** funds are received for managing service delivery contracts and paying contract service providers. The MSO functions include network development, utilization management, credentialing, claims payment and risk management.

**Other** includes all other type funding, including rental income, client rents, interest income.





## AUSTIN TRAVIS COUNTY INTEGRAL CARE MEDICARE / MEDICAID / HCS / STAR / CHIP TYPE REVENUE



Type	FY2012 Budget	FY2011 Budget	Change
Medicare	\$308,446	\$223,871	\$84,575
Rehab	\$2,254,014	\$1,919,541	\$334,473
Service Coord / Case Mgmt	\$2,415,673	\$2,464,822	(\$49,149)
Medicaid Card	\$655,143	\$627,028	\$28,115
HCS/TxHmL Waiver	\$1,411,997	\$1,494,022	(\$82,025)
STAR / CHIP / STAR +	\$1,457,197	\$1,230,027	\$227,170
MAC	\$1,650,567	\$1,575,997	\$74,570
Home Health	\$0	\$135,678	(\$135,678)
Yes Waiver	\$62,000	\$320,866	(\$258,866)
<b>Total</b>	<b>\$10,215,037</b>	<b>\$9,991,852</b>	<b>\$223,185</b>



## **Community Forum #67**

### **Integral Care Fiscal Year 2012 Budget**

Austin Travis County Integral Care hosted a quarterly community forum to discuss its upcoming budget planning session and the potential implications of this year's legislative session. Integral Care Executive Director David Evans moderated the forum. Gyl Wadge Switzer, public policy director at Mental Health America of Texas, provided a legislative overview and Charles Harrison, Integral Care chief financial officer/chief operations officer provided an update on local city, state and federal funding changes and implications for the agency.

Integral Care's community forums are free and open to the public. Consumers, family members, providers and partner agencies are encouraged to attend and share input on critical issue that directly impact our community.

#### **Remarks**

Evans opened the forum discussing the current state of the legislature, and how its outcomes will impact the community, stressing the importance of involvement, ideas and community input, stating it to be the Board of Trustees' priority to make these opportunities available. The work of Integral Care is broad, and when there are potential reductions in funding, it's affect extends beyond consumers and employees, impacting providers, stakeholders and the community at-large. Evans offered his gratitude to a very informed legislature, and commended the local delegation for staying informed and relaying critical information.

Evans introduced guest speaker Gyl Wadge Switzer, MPAff, MPH from Mental Health America Texas. Switzer started by explaining that Texas is a low-tax state, and has historically under-funded public health. Kaiser Foundation ranked Texas at 51 out of 51 in state rankings per capita for mental health funding. She explained that the combination of state deficit and conservative leadership makes it difficult to improve mental health funding statistics Switzer said that most public mental health services are general-revenue funding with no federal matching service. So, if there is a general revenue shortage in Texas, mental health funding becomes a target.

Switzer spoke about the way law enforcement has played a significant role in helping legislators understand mental health service needs over the last two sessions and referenced how people staying out of jail if appropriate community services were available, has made a huge difference. Legislators have also realized the impact of mental illness on families, friends, and the community. There are riders in the health and human services committee accepted that affect mental health and community centers:

- Potential for privatized state mental health hospital, if the Request for Proposal yields a bidder who can save at least 10 percent, seems likely;
- Provisional rider regarding best value practices and maximize local and state funds;
- Comprehensive suicide prevention program in schools, introduced by Rep. Garnet Coleman, who talks openly about living with bipolar disorder;

Funding for Integral Care and other community centers include a four percent reduction for adult mental health services, 2 percent in children's services, many of these were federal dollars that are now unavailable. This does not account for general inflation, case load and population growth, or impacts of other funding cuts. Issues that were not discussed during the legislative session include:

- waiting lists for people who need services and are not getting them,
- "internal waiting list," where a person's diagnosis puts them in a higher service category, but there is no availability in program.
- Provider shortage: More than half of Texas counties have significant shortage of providers. No significant investments were made, and cuts were made to higher education levels, which impact provider shortage.
- Hospital bed shortage;



- People in the public mental health system live on average 29.3 years less than those not in system, leads to tobacco use, self-medicating with substances, etc.
- No programs focused on helping people with schizophrenia.

Switzer concluded by saying there is hope with the partnerships that have been developed with county and local law enforcement, continuous public awareness efforts, and health care reform opportunities.

### **Review of Integral Care FY 2012 Budget Challenges**

*Charles Harrison, Integral Care COO/CFO*

Started by saying that Integral Care's Board of Trustees interact and provide guidance on policy, and so that this forum was intended to provide our stakeholders with an opportunity to learn about Integral Care's budget issues and listen to concerns and ideas. He also stated that Integral Care is committed to core services and aligning its funding with financial requirements. Harrison then reviewed the fiscal year 2012 budget calendar.

Integral Care initially estimated a \$7 million impact of reduction in state and federal dollars, which have changed significantly throughout the session. Harrison then presented the following updated information based on the approved Senate and House budgets going into special session:

#### **Adult and Children's Mental Health**

All general revenue restored, may have some federal impacts.

#### **Crisis Services**

All general revenue restored

#### **Substance use services:**

General revenue has been restored, but federal impact unclear including Medicaid benefit, Federal Medical Assistance Percentages; prevention grants may have varying impacts.

#### **Texas Correctional Office on Offenders with Medical or Mental Impairments**

Appears to have a four percent cut

#### **Department of Aging and Disability Services (DADS)**

Elected to restore \$54M of original \$102 M and utilized \$48M general revenue to support refinancing of general revenue consumers in to Texas Home Living Waiver. Integral Care will receive some level of federal dollars under waiver which cannot be estimated at this time. The **In-Home Family Support** program was eliminated (100%).

#### **Department of Assistive and Rehabilitative Services – Early Childhood Intervention**

Elected a 14 percent biennial reduction

Harrison concluded by saying that funding from Travis County is expected to stay level, as well as with Central Health, with new proposals that are expected to materialize. Harrison and his staff will also continue to work closely with foundation partners and anticipates new funding from such efforts. He reported two areas of good news of fiscal year 2012 budget:

- Employee health benefit renewal for may include 19 percent decrease
- Property, liability and worker's compensation premium renewals will be minimally down by 20 percent

#### **Audience Feedback**

*Audience members gave feedback on issues discussed, asked questions and offered ideas.*

1. Supporters of Integral Care need to ensure legislators hear our message and stress the importance of funding for mental health and developmental disabilities.
2. Integral Care should explore the impacts and opportunities of federal health care reform.



3. What is going on with the City of Austin and what does this mean for Integral Care?

*David Evans: Integral Care cannot comment on the process, but three RFP's were submitted to the City for social services instead of submitting into an Interlocal Agreement as we have in the past 15 years. Integral Care then received notification that the score we received did not qualify us for funding and the City of Austin staff recommendation to the City Council was to not continue to fund us. The impact of this funding loss will be tremendous.*

4. What does Central Health fund?

*Charles Harrison: Central Health assists with consumer medications, our Integrated Behavioral/Physical Health Initiative, and expanded in-patient bed capacity for Travis County.*

5. Integral Care should explore available grants to meet various needs including mental health issues, tobacco use, etc.
6. Audience member encouraged people to go the City Hall meeting on June 9.
7. A parent of a child with special needs spoke about her advocacy efforts. She wrote letters to Kirk Watson about my child who had a traumatic brain injury and family members using Integral Care's services now. She said the number one thing she was concerned about was a "revolving door." Integral Care must provide education to parents and legislators; otherwise these problems will continue in the future.
8. Audience member said Austin cannot afford cuts because the care is already limited and there is a need to add specific urgent care services.
9. Susan Eason, executive director, Arc of the Capital Area stated that there continues to be issues with access, providers who take Medicaid. She also said that consumers cannot find doctors, dentists, etc. While Medicaid is good, its only helpful if people can find a provider. Another issue is the aging baby boomer population, aging caregivers. What is going to happen to those who have not been to institutions?

***Paper feedback:***

1. Very helpful, informational and indeed will inform my upcoming budget process. Question: We will not receive money via City RFP? I could use some help identifying other mental health funding streams.

*Charles Harrison: The City Council instructed staff to work outside RFP process to fund ATCIC's Interlocals.*

2. Good job! Regarding health care reform community forum, I understand feds will cover costs of expanding Medicaid coverage to people up to 120% FPL through 2019, and will pay \$9 for every \$1 the state spends after that. This would be a huge economic boon to the state. Is this correct?

*Charles Harrison: ATCIC will monitor HHSC rollout of Patient Protection and Affordable Care Act and it's impact on operations.*

3. As a consumer, I would like to see actual counseling available, and ideally a nutritional/wellness program. Finally, what role do volunteers play in the system?

*Charles Harrison: That would be dependent on each individual volunteer.*



4. I would like to know how you see the future of mental health services.
5. Was the DADS In-Home Family Support Services wiped out 100% for all existing clients?  
*Charles Harrison: Yes.*
6. Would like to have heard more info about cuts in IDD services. A speaker from Arc of Texas (Mike Bright, perhaps) would have been a nice compliment to the speaker from Mental Health America-Tx.
7. Take a closer look at increasing services when less severe (and cheaper) to save \$\$ on more intensive care.
8. Use fewer acronyms and technical talk.
9. Nice (or not so nice) to hear facts about reductions in funding from DADS.
10. I think ATCIC needs more and better PR e.g. Press releases, PSAs, news articles and the like.
11. Thank you for providing a forum for speaking on needs in the community and how to urge city council members to share these views.
12. Thanks.
13. Very interesting, thanks!
14. Devastating if substance abuse and mental health services are cut – they are related and affect numerous persons in Travis County. I will stay tuned about City Council and get vocal! Great presentation, thanks!
15. Good job handling the City of Austin question.

**Overall Comment:** *The Board and Executive Management Team values comments and questions raised at our Budget Forum. These comments will be reviewed and acted upon as ATCIC attempts to improve our community services.*



## **Budget Forum Feedback Analysis**

During the month of May, Austin Travis County Integral Care held four employee budget forums and one budget forum which included PNAC/VOICE/Consumer Council to communicate proposed federal, state and local budget cuts affecting Integral Care and gather cost-savings ideas. A summary of the feedback gathered at these forums is outlined below in three areas: cost savings, revenue enhancements and employee benefits. A consolidated listing of comments can be found at the bottom of the page. A large set of the recommendations received are currently being address in system changes for efficiency as part of the Joint Commission Accreditation process.

Cost-saving recommendations were categorized into six areas: service delivery, administration, technology, facilities, employee performance/training and food costs. Proposed recommendations included increased collaboration within Integral Care and other organizations to address areas of administrative efficiencies and resources, including billing and information sharing. Other suggestions included staff retention efforts and increasing consumer and volunteer involvement. Productivity concerns over documentation requirements and need to utilize new technologies were also discussed. Additionally, environmentally responsible practices were also suggested for long-term savings. Proposed cut backs include vehicle use, executive and administrative salaries, various benefits, inventory and food costs.

Revenue enhancement recommendations were categorized into four areas: billable opportunities, services, administrative processes and fundraising/grant opportunities. Largely, staff expressed interest in exploring selling technical assistance, training, facility space and services unique to Integral Care to other companies and organizations. Similar suggestions included joining insurance and provider panels and examining strategies to increase third party and insurance billing. Revenue enhancement for services included extending hours of operation and refining service procedures for no-shows and increasing productivity. Staff also expressed value in employee retention, administrative consolidation and efficiencies and expansion of development efforts.

Employee benefits were categorized into three sections: paid time off, general benefits, and health insurance. Integral Care employees valued existing health benefits and were willing to pay premiums and compromise on retirement, paid time off or other benefits to maintain current standards. However, many staff expressed a willingness to reduce benefit package to maintain current staff levels. Suggestions on pay scales, cost of living adjustments and wellness were also presented. Several recommendations were made to increase productivity and performance, while addressing issues around equity.

### **COST SAVINGS**

#### **Service Delivery**

1. Use blister-pack system for medications
2. Refine collaboration between behavioral health services and hospitals to prevent crisis
3. Utilize peers as a more meaningful component of care
4. Reduce number of times individuals cycle through intake due to open/closure procedure
5. Address consumer no-show rate and why second visit is required after assessment
6. Explore other various ATCIC job consumers opportunities
7. Shift higher functioning consumers to CommUnityCare
8. Invest ATCIC-owned vehicles vs. paying mileage



**Administration**

1. Collapse multiple layers of management and add more support staff
2. Freeze positions
3. Shift specific contracts administrative needs to administrative positions
4. Examine heavy documentation requirements before entering into new contracts
5. Limit travel expenses
6. Cell phone allowances only for direct care employees

**Technology**

1. Eliminate printer lead paper on shared printers
2. Utilize video conference for meetings instead of travel
3. Use PDF for employee education
4. Streamline electronic billing and link with external providers
5. Fix netbook challenges with Anasazi that inhibit productivity

**Facilities**

1. Cut back on excess use such as lawn watering, HVAC and lights
2. Examine storage costs and items
3. Publish surplus inventory lists
4. Consolidate services in various locations, e.g. case management, janitorial etc.
5. Invest in cost-saving environmentally responsible alternatives and grants for as recycling, solar energy and smart cars

**Employee Performance and Training**

1. Update productivity model and training requirements
2. Incorporate energy savings into NEO
3. Focus on staff retention to forego new skill set training

**Food Costs**

1. Do not provide free food for volunteers at committee meetings
2. Purchase store-brand and bulk groceries and staples; examine delivery costs
3. Utilize food banks and restaurant donations
4. Explore creating a central kitchen that can be supplemented with volunteers

**REVENUE ENHANCEMENTS**

**Billable Opportunities**

1. Market skill sets and expertise in areas such as healthcare reform, administrative services and assessments
2. Seek MCOT reimbursed from organizations that get the regular care (MAP, LSCC)
3. Increase partner collaborations and contracts
4. Explore new billable services such as recreational therapy and initial intake
5. Increase collections on third-party billings
6. Join E.A.P. networks
7. Expand work with people who are deaf
8. Charge providers for training (e.g mental health first aid) and CEU's
9. Charge for Internships
10. Sell smoking cessation technical assistance
11. Develop a Speakers Bureau and market skill sets
12. Charge organizations using Integral Care buildings
13. Recover transportation costs from other sources (Carts, etc)
14. Provide services to veterans that are getting referred to the V.A.
15. Apply for participation in private insurance panel for (SUS) diagnosis
16. Pursue more HMO contracts (Chip/Medicaid)
17. Examine different interpretations on Medicaid rules (UM, etc.)
18. Increase insurance billing





**Services**

1. Refine intake process when consumers don't have documentation
2. Expand our hours of operation
3. Explore charging for no-shows
4. Explore an inpatient Crisis Stabilization unit
5. Market a 28-day residential program to for-profit entities
6. Examine duplication of case management services
7. Have phone tree expanded to reach Spanish speaking no shows
8. Shorten med checks from 30 to 20 minutes
9. Have a new facility that ATCIC staffs POEC's vs. Emergency Room

**Administrative Processes**

1. Encourage employee retention to maintain our billing capabilities
2. Expand Mac participants
3. Refine technology to increase billable time (printers, Citrix issues)
4. Consolidate staff office space and rent out vacated space
5. Create a relief pool of experienced, retired employees
6. Consider furlough and job sharing arrangements

**Fundraising/Grant Opportunities**

1. Join other local non-profit and companies fundraising efforts
2. Identify and pursue wealthy contributors, philanthropists and local celebrities
3. Explore advertising opportunities
4. Seek out large national and federal grants

**EMPLOYEE BENEFITS**

**Paid Time Off**

1. Adopt cafeteria plan
2. Tighten FMLA and leave without pay procedures
3. Limit accruals
4. Remove limits on sick-leave pool contributions
5. Enforce Attendance Policy-paying w/o being here
6. Carry over or cash unused vacation and sick time to increase productivity and attendance
7. Evaluate working remotely or from home
8. Explore four-day work week and/or flex-time
9. Address concerns of abuse, productivity and heavy utilization in August
10. Pay out A.L. at ½ costs on resignation
11. Provide additional time off for high productivity and performance

**General Benefits**

1. Utilize EAP or eliminate it
2. Decrease retirement benefits to maintain health benefits and/or pay raises
3. Reduce executive staff salaries
4. Reduce benefits to save staff
5. Align pay grades with credentials
6. Examine DADS pay scale for direct care staff

**Health Insurance**

1. Raise health premium participation and/or deductibles
2. Incorporate employee wellness program
3. Utilize sliding scale based on compensation
4. Consider high-level catastrophic plan
5. Explore medical HMO and high deductible health plans
6. Address employee-only versus family health care benefit





7. Examine self-insurance pool vs. ins. company
8. Keep insurance benefits, cut time off

**Management Comment:** *The Executive Management Team sincerely appreciates the extensive comments provided by staff in assisting our Center to meet budgetary challenges in FY2012. Operational workgroups have been formed to study various survey results and will be given this list for further study.*



**LINKAGES BETWEEN THE CITY OF AUSTIN,  
TRAVIS COUNTY, CENTRAL HEALTH  
and  
AUSTIN TRAVIS COUNTY INTEGRAL CARE**

The information below provides an overview of direct key linkages between the City of Austin, Travis County, Central Health and Austin Travis County Integral Care:

- Austin Travis County Integral Care (Integral Care) serves as the Resource Manager of services provided to thousands of children and adults with mental illnesses, developmental disabilities and substance use disorders, many of whom are this community's most severely disabled. As the public mental health safety net for the City of Austin and Travis County, Integral Care provides around-the-clock emergency psychiatric intervention to people in crisis and serves as the link for these services to the City of Austin Office of Homeland Security and Emergency Management (HSEM).

- As the Local Mental Health and Intellectual & Developmental Disability Authorities, i.e., *Resource Manager*, Integral Care has continued to participate in the *Main Interlocal* since 1996. The current *Main Interlocal* with the City of Austin requires maintenance of infrastructure, including extensive community wide planning, resource development, management and allocation; prevention, education and awareness efforts; extensive support of the Mental Health Task Force (MHTF) and the Community Action Network (C.A.N.); support of the New Milestones Foundation's initiatives to combat stigma; and broad-based efforts to engage consumers and families in meaningful roles at Integral Care.

The Interlocal Cooperation Agreement with Travis County resulted in services to 15,564 unduplicated individuals in the year 2010. This is a 9.9% increase from the unduplicated number served in the previous year (14, 160). Integral Care programs receiving funding to provide services include Infant Parent Program, Developmental Disabilities Service Coordination, Psychiatric and Counseling Services, Psychiatric Emergency Services, The INN, Child and Family Services, Co-occurring psychiatric/substance use disorders, Safe Haven, and Mobile Crisis Outreach Team.

- Integral Care and Central Health entered into an agreement for Integral Care to perform services and activities necessary for the coordination of effective and efficient delivery of Mental Health services to eligible individuals.
- Evaluation of service quality is an essential component of Integral Care's role as an Authority and Resource Manager. Integral Care works closely with staff at the City of Austin and Travis County to ensure effectiveness and satisfaction with outputs and outcomes in several *Interlocal*



*Cooperation Agreements (the Interlocals).* Areas of emphasis in FY2012 will continue to be integration of behavioral health services and primary care; systems care coordination, including the evaluation function, strengthening crisis services, increasing the number of contracted providers and other mutually agreed upon areas of work.

- The Primary Interlocal provides required match for state safety net funding. Integral Care's most recently reported leveraged dollars per \$1.00 was \$20.14 for the City of Austin.
- The *Primary Interlocal* requires staff support for three planning partnerships or Issue Area Groups (specific to Behavioral Health, Child and Youth Mental Health and Intellectual & Developmental Disabilities) that encompass participants from related entities. Integral Care Executive Director serves on the C.A.N. Board of Directors is past Chair of that Board, and a member of the Integral Care Board of Trustees serves on the C.A.N. Board of Directors.
- Since 1999, Integral Care has participated successfully in a resource management *Interlocal* with the City and County to provide network management services for local substance abuse treatment providers. Network management services include development of a provider network, credentialing and contracting, utilization and quality management, claims payment and provider relations. This Interlocal continues as a joint agreement between Integral Care, the City of Austin and Travis County.
- Through another administrative service *Interlocal* with the City and County, Integral Care continues to provide network management services for at-risk youth and their families as the "Broker" for the Youth and Family Assessment Center.
- Through an *Interlocal* with the City, Integral Care continues to oversee the provision of mental health services for individuals presenting with primary care issues masking as depression and other behavioral health problems in the health clinics. Training by a psychiatrist as well as client consultation to increase the diagnostic and clinical management skills of primary care medical staff is a component of this initiative.
- Integral Care continues a highly productive collaboration with the Housing Authority of the City of Austin and the Housing Authority of Travis County in numerous housing subsidy grants, including renewal of on-going Shelter Plus Care grants.
- Integral Care Board of Trustees accepted the responsibility to oversee the Monitoring Committee for the Mayor's Mental Health Task Force and continues to provide extensive support to the Mental Health Task Force. The MHTF has continued with a change in focus from measuring system change, to **effectuating** system change. Community interest is at a high level for the current work of the MHTF, the *Indicator Improvement*



*Initiative, a Model for System Change.* The MHTF and five community wide steering committees continue their work of looking at how to use the behavioral health indicators to drive system change.

- Participation in the Re-entry Roundtable and the Jail Diversion Planning Group continues to strengthen interagency cooperation and facilitated resource development initiatives essential to effective community support and diversion from incarceration. This involvement is generating additional community support and opportunities.
- Integral Care's Director of Communications collaborates with the City of Austin, Travis County and Central Health on press releases or news events related to behavioral health and developmental disability issues.
- Integral Care Behavioral Health Division staff serves on the HIV Planning Council and make recommendations regarding HIV funding and priority issues.
- Integral Care, as the local mental health authority, has been contracted by the City of Austin Health and Human Services Department (HHSD) to take the lead for the City and County's Disaster Mental Health Preparedness and Response Capability. To that end, the Integral Care collaborates with the City's Human Services Coordinating Committee in developing a Pandemic Flu Plan. The Committee is comprised of representatives from the HSEM, HHSD, the City's Americans with Disabilities Act (A.D.A.) Office, Public Health, Meals on Wheels, Texas Interfaith Interagency Disaster Response, Red Cross, and other human service organizations. Integral Care partnered with HHSD, Red Cross, HSEM, local airline representatives, Austin-Bergstrom International Airport (ABIA) Operations, the Austin Police Department's Victim Services Division, EMS, AFD, and the Transportation Security Administration, to craft an airline disaster response plan and to conduct an aviation disaster drill in compliance with the FAA guidelines. Integral Care has further developed the mental health component of the City's Medical; Special Needs Shelter Plan, the General Population Shelter Plan, and the Strategic National Stockpile Plan.
- Integral Care and HHSD collaborate to share local data on deaths by suicide within the City of Austin. This groundbreaking arrangement, which is the first of its kind in the State of Texas, was approved by the City Council in May of 2010. The agreement enables Integral Care to conduct epidemiological surveillance of deaths by suicide and to conduct more timely and targeted prevention and post-vention activities.
- Integral Care continues to meet with Central Health, City, County, Seton Family of Hospitals and St. David's Hospital to implement and manage an improved crisis services system for Austin and Travis County. This group is a sub-committee of Central Health and is known as Psychiatric Services Stakeholder Meeting (PSSM),



Collaborations including Austin Travis County Integral Care, the City of Austin, Central Health and Travis County remain dynamic and productive to address the health and well being of the citizens of our community.



## ATCIC Current Planning Efforts and Community Collaborations

Austin Travis County Integral Care (Integral Care) continues its authority functions as outlined in the *Interlocal Cooperation Agreement* with the City of Austin and as a member of the Community Action Network (C.A.N.).

Staff continues monthly participation on the C.A.N. with the ATCIC Executive Director serving as a member of the Board of Directors and key staff participating in the Issue Area Group Leaders' Meetings, the Community Dashboard Steering Committee, and the Mappers and Planners Implementation Team. Staff has maintained leadership roles on the Behavioral Health Planning Partnership (BHPP), the Child and Youth Mental Health Planning Partnership (CYMHPP), and the Intellectual and Developmental Disabilities Coalition (IDDC). Staff also participate in and provide support to the Mental Health Task Force (MHTF).

Integral Care is implementing three major planning projects that will be significantly impacting its organizational planning in the coming years:

1. The FY 2011-2013 Strategic Plan;
2. The FY 2011-2012 Consolidated Local Service Area Plan which contains its Local Network Development Plan, the Crisis Services Plan, the Jail Diversion Action Plan, and the Local Plan; and
3. Joint Commission Accreditation

Integral Care staff is involved in ongoing community planning identifying gaps and needs in Behavioral Health and Intellectual and Developmental Disabilities and linking them to outcomes and indicators. Integral Care has worked to ensure that its efforts enhanced and improved the work done by other organizations and committees. Working together as partners with other entities has eliminated much of the duplicated efforts in the past.

Additional community planning activities and collaborations between Integral Care, the City of Austin (COA), Travis County, Central Health, and other entities addressing the health and well being of the citizens of our community include:

### Health

- **The Integrated Care Collaboration (ICC)**  
Integral Care is an active member of the ICC. The ICC is an alliance of healthcare safety net providers working together to increase access, improve quality and impact financing solutions to provide care to the region's medically indigent. ICC is a Health Information Exchange (HIE), for providers serving individuals in the safety net.



- **The Children's Partnership**  
Integral Care remains an active participant in the Partnership that includes public child serving agencies in Travis County, e.g. Juvenile Probation, the Community Resource Coordinating Group (CRCG), Integral Care, the Department of Protective and Regulatory Services (DPRS), and Travis County Health and Human Services and Veteran Services. The Children's Partnership continues its work on system of care expansion for the greater Austin and Travis County community.
- **The Early Childhood Intervention Programs of Austin**  
The three programs serving this community ( Integral Care, Any Baby Can, and Easter Seals of Central Texas) continue their collaborative efforts and planning for the child find activities.
- **Managed Services Organization (MSO)**  
ATCIC functions as
  - MSO for Youth and Family Assessment Center and Travis County Children's Partnership, and
  - MSO for Substance Abuse Treatment and Related Behavioral Healthcare and Support Services (SAMSO).
- **Austin Independent School District Grant on the Safe Schools/ Healthy Students**  
Integral Care continued its support and collaborative role in this Initiative for the transformation process for student mental health services in public schools.
- **Travis County Juvenile Court**  
Integral Care works together with the Court to screen family members (for substance and alcohol abuse) of juveniles going through the Juvenile Court system.
- **Texas Chapter of the American Association on Intellectual and Developmental Disabilities (AAIDD)**  
Integral Care has maintained membership in this state organization, in order to continue as a leader on the forefront regarding Intellectual and Developmental Disabilities issues, policy, and services and supports.
- **Austin Regional Task Force on Autism**  
Integral Care continues active participation in the Task Force.

## **Housing & Transportation**

- **Ending Community Homelessness Coalition (ECHO)**  
The goals of this collaborative are planning, prioritizing, and developing strategies to end homelessness in Austin, TX. Integral Care is an active participant in the overall role of ECHO, which is to identify specific strategies and to oversee ongoing planning efforts and implementation of the Plan to End Chronic Homelessness. Staff is actively involved in the ECHO Subcommittee planning for permanent supported housing initiatives in the Austin community.



- **Homeless Management Information System (HMIS)**  
Integral Care continues to be responsible for the implementation of the community-wide Homeless Services Data Base. This Program coordinates with ECHO. Integral Care assumed Service Point Users Group lead in 2001.
- **Regional Transportation Coordinating Committee (RTCC)**  
More than 25 agencies and organizations, including Integral Care, meet to collaborate on the coordination of public transportation and client transportation services in the Capital Area (a ten county area located in Central Texas).
- **Housing Authority of City of Austin (HACA) and Housing Authority of Travis County, TX.**  
Integral Care continues a long collaboration with both local housing authorities to acquire vouchers for persons with disabilities and other low-income citizens.
- **Front Steps**  
There is continued collaboration with staff of Front Steps regarding mental health issues and the homeless.
- **Healthcare for the Homeless Clinics at Austin Resource Center for the Homeless (ARCH) and Salvation Army**  
Collaboration between psychiatric and medical services of homeless population regarding referrals, and those individuals that may require more mental health services than those available at the agencies.
- **Capital Metro, Volunteer Care Givers, and Integral Care**  
Collaboration between the three organizations continues with the goal to provide reasonable or free transportation to the aging population and individuals with intellectual and developmental disabilities.
- **Collaboration of Certified Housing Developers Organization (CHDO)**  
Collaboration of developers for-profit, interested community organizations and citizens working to provide decent, affordable housing to low-income households as one of its purposes.
- **Basic Needs Coalition, Housing Stability Subcommittee**  
Collaboration of partnering agencies
  - addressing and responding to the basic needs financial assistance areas needed to maintain/obtain housing;
  - bringing together in a planning process providers that are interested in establishing housing stability through sharing information; and discussing gaps, challenges and other related issues; and exploring opportunities to collaborate to improve housing stability success in our community.





### **Community Education, Awareness, & Advocacy**

- **The Central Texas African American Family Support Conference**  
Integral Care hosts and organizes conference with more than 700 attendees in collaboration with community organizations and volunteers.
- **Psychological Wellness Series**  
Travis County Health and Human Services and Veterans Services, the Self Help Advocacy Center (SHAC), and Integral Care developed a psychological wellness series for consumers.
- **One Voice (formerly AAHSA)**  
Integral Care remains actively involved advocating and working on initiatives with this network of more than 70 non-profit community-based health and human service organizations. One Voice is committed to conveying the human service needs of the Austin area community to policy makers and the public, and to supporting member organizations in meeting these needs
- **Area Agency on Aging of the Capital Area (AAACAP)**  
Partnership between Integral Care and AAACAP to provide specialized training to care givers of aging population of the Intellectual and Developmental Disabilities Services Network.

### **Safety & Justice**

- **Austin Travis County Mental Health Jail Diversion Committee**  
Significant progress continues toward creating and supporting improved forensic behavioral health services, mental health-sensitive criminal justice services, and new crisis stabilization beds for the community. Automated daily sharing of mental health information regarding those in jail or prison continues. Committee meets quarterly..
- **Crisis Intervention Team**  
Monthly meetings between Integral Care and the Crisis Intervention Teams (CIT), of the Austin Police Department and Travis County Sheriff's Office, continue to strengthen their collaboration
- **Re-entry Roundtable**  
Austin/Travis County Reentry Roundtable identifies and implements collaborative community-wide strategies for the effective reintegration of formerly incarcerated persons, thereby reducing recidivism, supporting victims and promoting public safety in Austin/Travis County.
- **City of Austin & Travis County Emergency and Disaster Response**  
Integral Care collaborates with the City and County emergency and disaster response efforts with regard to emergency sheltering, pandemic flu, strategic national stockpile of vaccines, aviation disasters, mass fatalities, natural disasters, and terrorism.



### Other Planning Activities

- **Masters' and Bachelors' level student interns**

There is a continued increase in the number of supported positions for placement of student interns as a result of expanded outreach.

Schools collaborating with Integral Care and placing interns include The University of Texas at Austin, Texas State University, St. Edwards University, Rice University, Southwestern University, the University of Texas at San Antonio, Huston-Tillotson University and Concordia University.

- **Family Support Cooperatives**

Austin Independent School District (AISD), The Arc of the Capital Area and Integral Care, plan together to provide training and support to families through the Cooperatives in Austin.

- **Lone Star Association for Persons In Supported Employment (APSE)**

– The Network on Employment, Integral Care and other supported employment providers in the community, work together to provide technical assistance and supports for the provision of supported employment.

- **Money Follows The Person (MFP)**

Collaboration with Department of Aging and Disability Services (DADS) regional staff, other Developmental Disabilities Authorities, Area Agencies on Aging and Health & Human Services Commission Medicaid (financial eligibility and managed care) staff has been crucial for Integral Care to participate in the statewide initiative. MFP is designed to promote independence and community living for persons who are elderly or who have disabilities and are moving from institutional settings into communities.

These varied collaborative efforts help ensure that the diverse needs of consumers are considered in the planning efforts of other organizations; such efforts frequently lead to the development of new resources.

July 2011